

Name
in
Full

Maggie Adams

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>New Cambridge</u>		County <u>Dorchester</u>		MARYLAND			
Date of death <u>1908</u>	Month <u>Nov.</u>	Day <u>17</u>	Age <u>2</u>	Years	Months	Days	
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place	<u>Md</u>		
Occupation <u>Child</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband						
Father's Name <u>Geo. Wesley Adams</u>				Father's Birthplace	<u>Md</u>		
Mother's Maiden Name <u>Annie Rose</u>				Mother's Birthplace	<u>Md</u>		
Name of person giving information <u>Edward Adams</u>				How related to deceased	<u>Uncle</u>		

CAUSES OF DEATH

93

How long

2 weeks

How long

not long

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

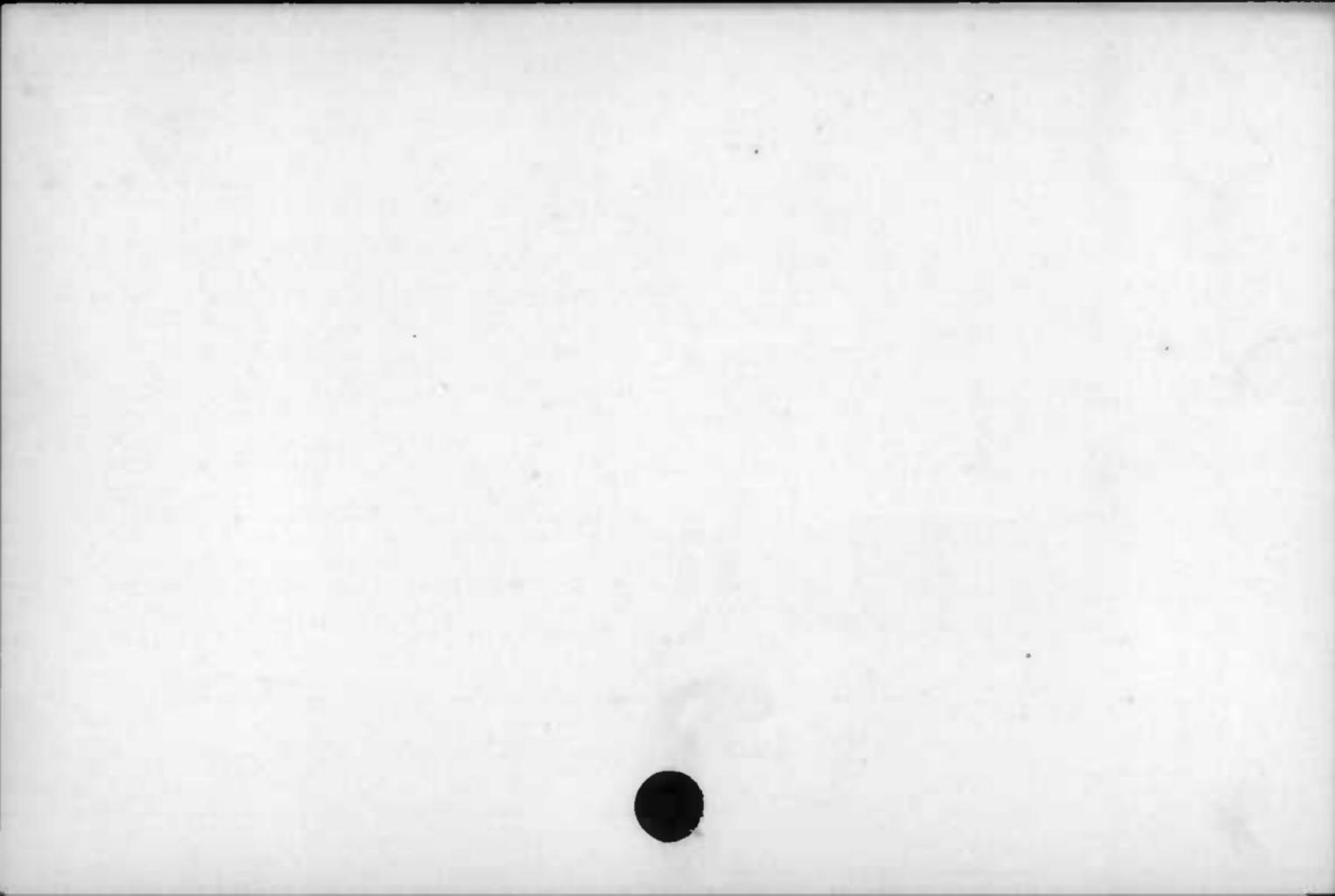
yes

Signature of Physician

Address

E. El. Wolff
Cambridge, Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County			
Died at		Cambodger	Dorchester Co	3d	MARYLAND	
Date of death	1908	Month Nov	Day 13	Years	—	Days
Age	38					
Sex	Male	Color or Race	Black	Birth-place	Dorchester-	
Occupation	Labor		Where Residing if not at place of death	Lynwood		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Parker	Father's Birthplace	Dorchester	
Father's Name	Dyer Henry			Mother's Birthplace	Dorchester	
Mother's Maiden Name	Liza Catnper			How related to deceased	Brother	
Name of person giving Information	James A. Askins					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

1

How long

4 or 5 weeks

Immediats

Peritonitis

How long

3 or 4 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E. Wolff
Cambridge, Md

Accident or Suicide



Name
in
Full

Mary Hodson Barnett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Cambridge	Dorchester				
Date of death	1908	Month Nov.	Day 22	Year 58	Months 9	Days ~
Sex	Female	Color or Race	White	Birth-place	Maryland	
Occupation	Housewife		Where Residing if not at place of death	Cambridge "		
Married, Single or Widowed	Married	Name of Wife or Husband	Charles H. Barnett			
Father's Name	John H. Woodson		Father's Birthplace	Maryland		
Mother's Maiden Name	Elizabeth A. Hooper		Mother's Birthplace	~		
Name of person giving Information	Charles H. Barnett		How related to deceased	Husband		

CAUSES OF DEATH

93

How long

13 days.

How long

~ days

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Hern. Failure

Are the name, age, sex, color, date and place correctly given above?

yes

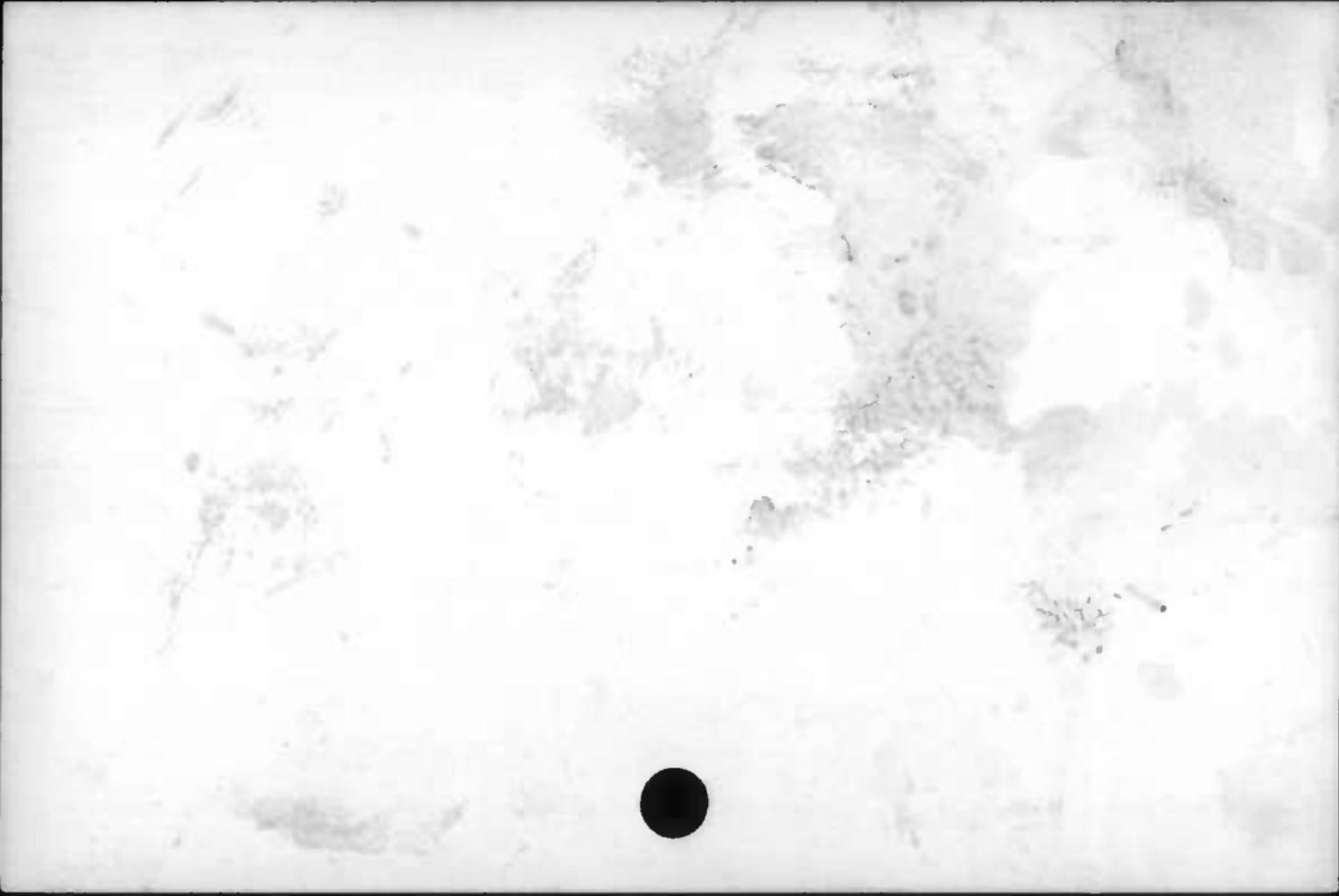
Signature of Physician

Address

John Moore
Cambridge Md

Accident or Suicide

no



Name
in
Full

Clement Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County		MARYLAND	
Died at	Cambridge	Dorchester			
Date of death	Month Nov	Day 12	Years Age 72	Months	Days
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	None	Where Residing if not at place of death Cambridge "			
Married, Single or Widowed	Widow	Name of Wife or Husband	Mary Bell	Father's Birthplace	Maryland
Father's Name	Walter Bell				
Mother's Maiden Name	Woodland	Mother's Birthplace			
Name of person giving Information	Gen Bell	How related to deceased Son.			
Accidently fell broke hip		CAUSES OF DEATH			
Primary	Fracture of Hip - Arterio-Sclerosis				How long 164
Immediate	Exhaustion + Cerebral Hemorrhage				How long 10 days 12 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E. E. Wolff
Cambridge, Md

Accident or Suicide



Name
in
Full

Infant - Boggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

Cambridge Dorchester Co
1908 Nov 24 24 Years
Female Black Cambridge
None Cambridge
Single Nilmer Boggs Fairmount
Eliza Maddock " "
Nilmer Boggs Father

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary

Spasms

How long

1 day

Immediate

Exhaustion

How long

" "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

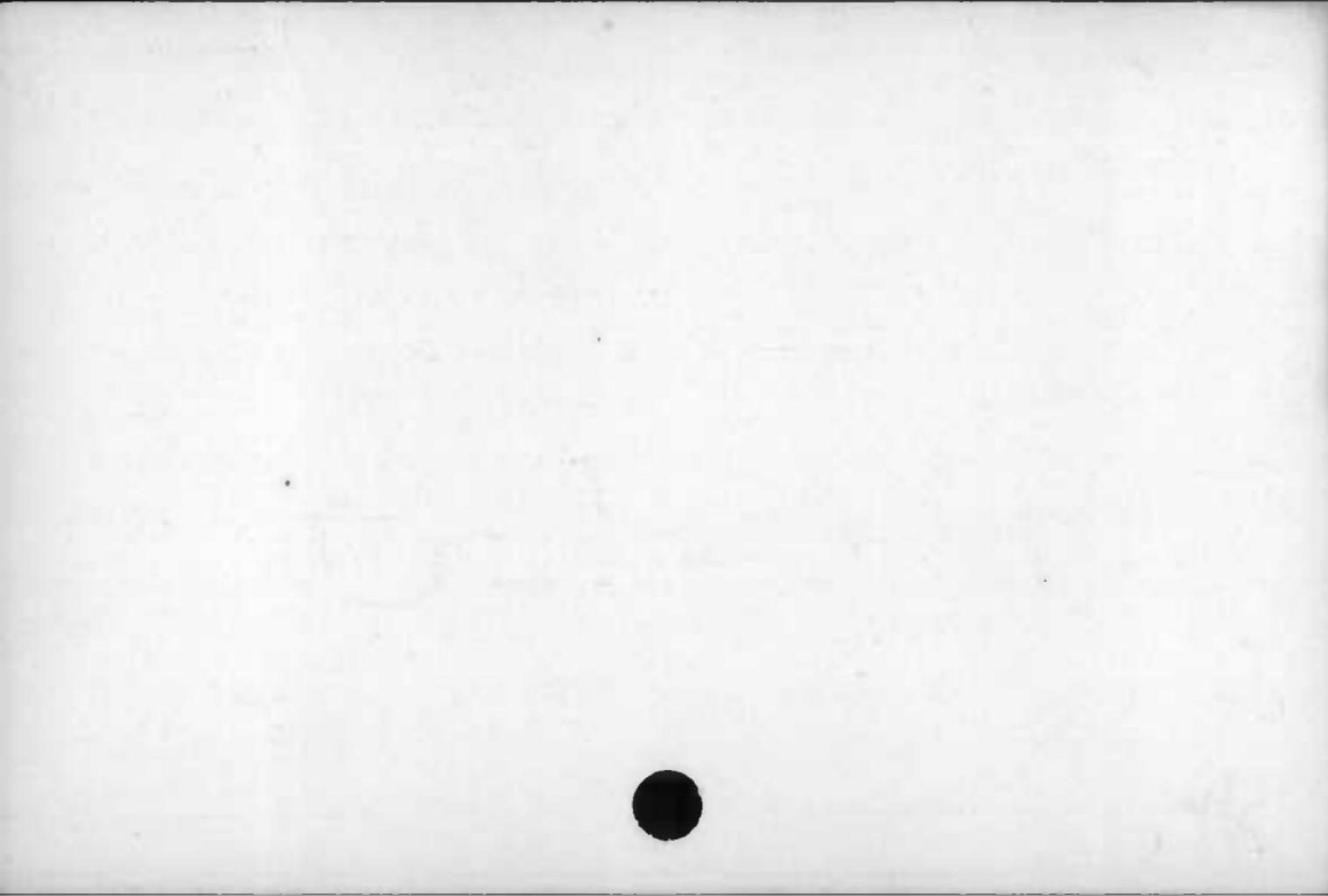
Dr physician

Yes

Address

Gertrude Bullock
Justice of the Peace

Accident or Suicide?



Name
in
Full

Dorothy Booge

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Month	Days
Sex	Color or Race	Age	Birth-place		
Occupation			Where Residing if not et place of death	—	
Married, Single or Widowed	—	Name of Wife or Husband	—		
Father's Name	Robert Booge		Esther's Birthplace	Md	
Mother's Maiden Name	Annie J. Mills		Mother's Birthplace	Md	
Name of person giving Information	Robert Booge		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diphtheria
Heart Failure

Immediate

Yes

Signature of
Physician

Address

Are the name, age, sex, color, date
and place correctly given above?

9

How long

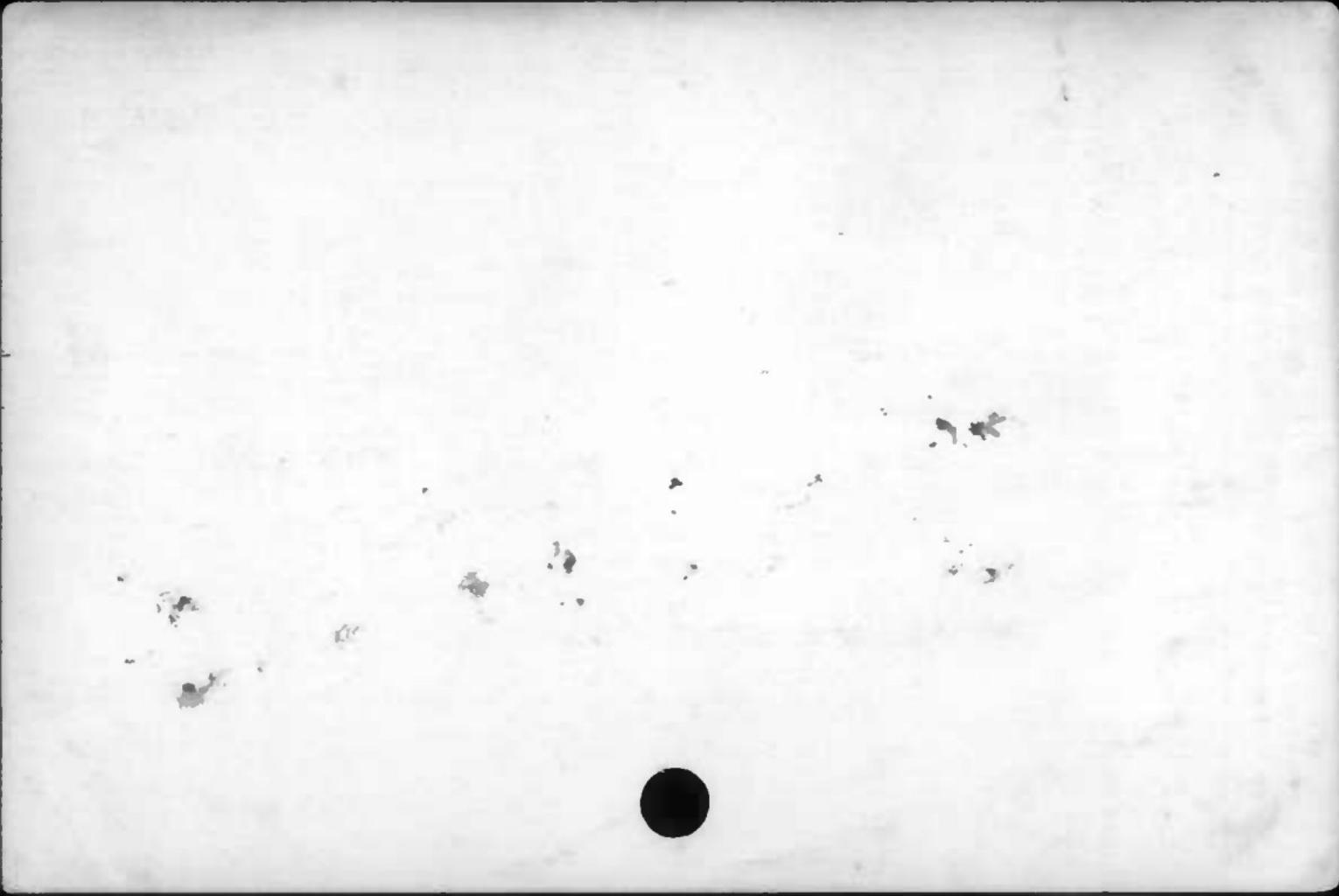
How long

10 days

2 hours

Victor Carroll
Longbridge Md

Accident or Suicide



Name
in
Full

Francis Camper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Died at	East New Market	Dorchester			
Date of death	1908	Month Nov.	Day 22	Years 1	Month 8
Sex	male	Color or Race	white	Birthplace	E.N. Market, Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Samuel W. Camper				
Mother's Maiden Name	Lucile Thompson				
Name of person giving Information	W. W. Camper				
Father's Birthplace	E.N. Market, Md.				
Mother's Birthplace	Kent Co. Md.				
How related to deceased	Father				

CAUSES OF DEATH

Primary

Broncho Pneumonia

92

How long

10 days.

Immediate

Cardiac asthma

How long

8 hours.

Are the name, age, sex, color, date and place correctly given above?

Yes

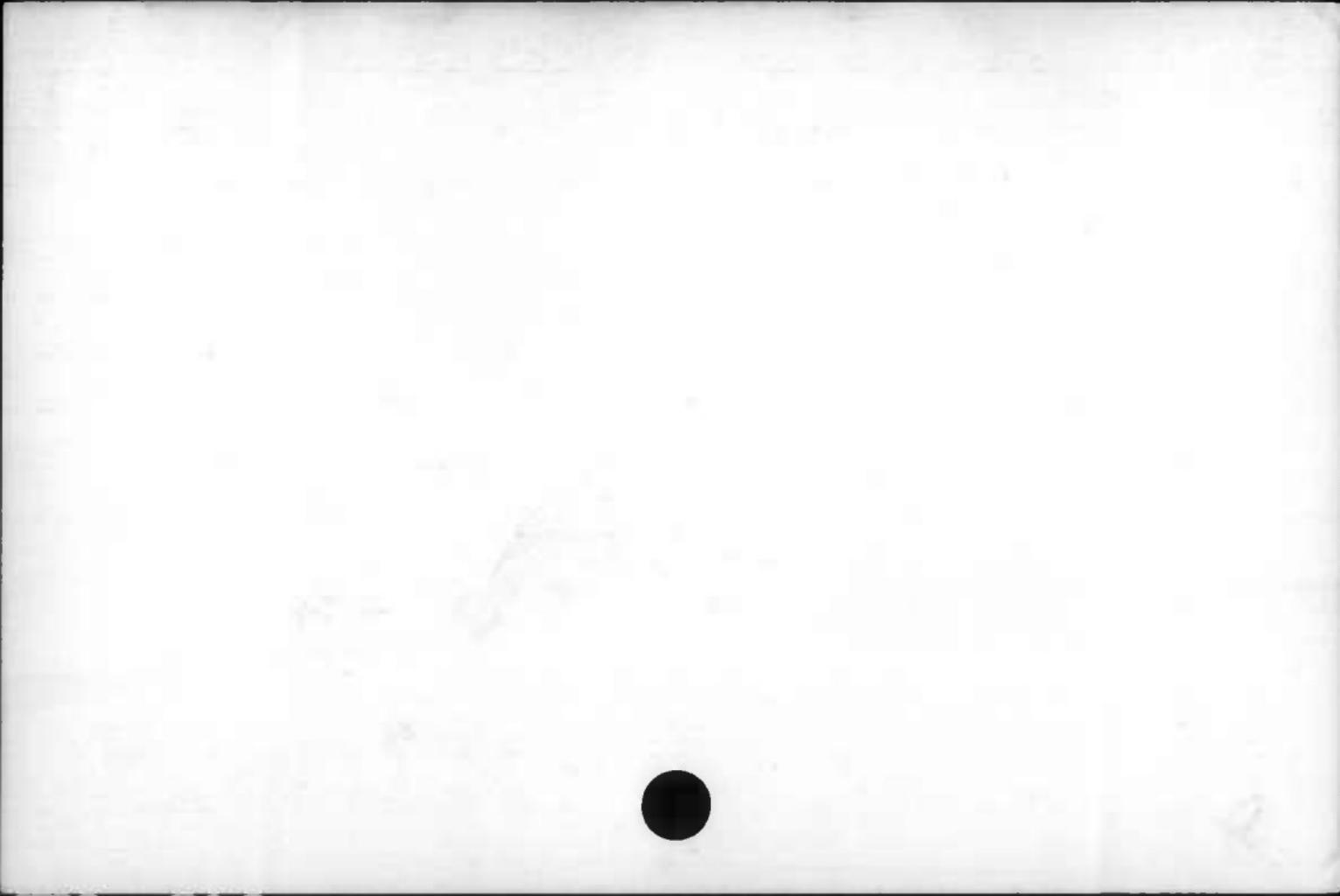
Signature of Physician

Address

Edward L. Jones
East New Market, Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

John Webster Cannon

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County			
Fishing Creek			Dorchester		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
190 8 Nov.		3rd.	0	5	26	
Sex	Male	Color or Race	WHITE	Birth-place	Dorchester	
Occupation	Infant			Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	John Oden Cannon			Father's Birthplace	Dorchester Co.	
Mother's Maiden Name	Eva A. Simmons			Mother's Birthplace	Dorchester Co.	
Name of person giving Information	J.O. Cannon			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Gastro-enteritis

105

How long

Nine days

Immediate

Convulsions

Exhaustion

How long

Two days.

Are the name, age, sex, color, date and place correctly given above?

Yes.

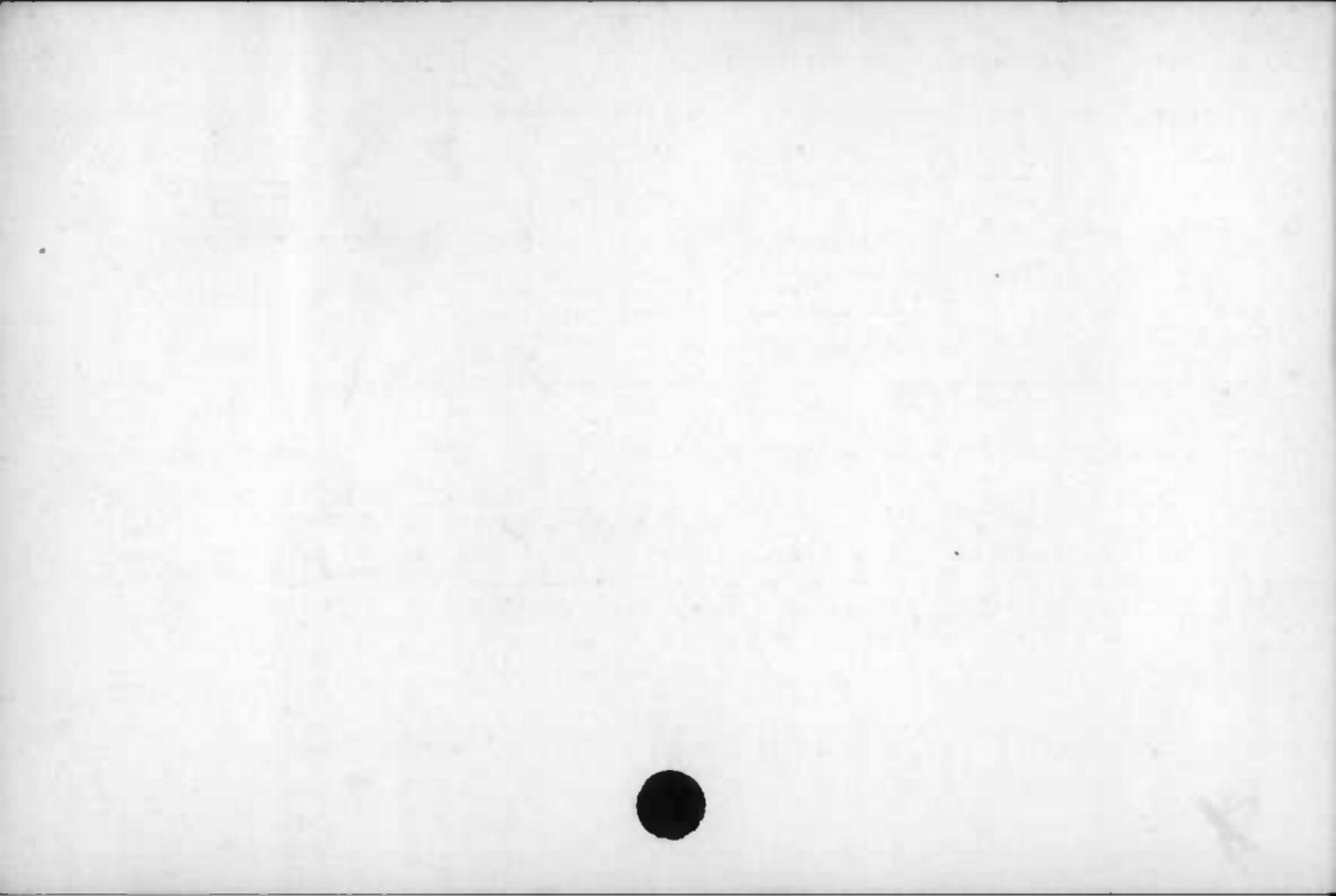
Signature of Physician

Address

T. H. Hoarby M.D.

Fishing Creek Md.

Accident or Suicide?



Name
in
Full

Baby Christopher

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Died at	Luskwood	Dorchester	
Date of death	Month	Day	Years
1908	11	9	Age
Sex	Male	Color or Race	White
Occupation	None	Where Residing if not at place of death	Hawkey
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Dorchester
Father's Name	Melvin Christopher	Mother's Birthplace	"
Mother's Maiden Name	Nina Smith	How related to deceased	Grand Father
Name of person giving information	R J Christopher		

CAUSES OF DEATH

Primary

unknown

179

How long

Immediate

"

Yes

How long

"

How long

"

Are the name, age, sex, color, date and place correctly given above?

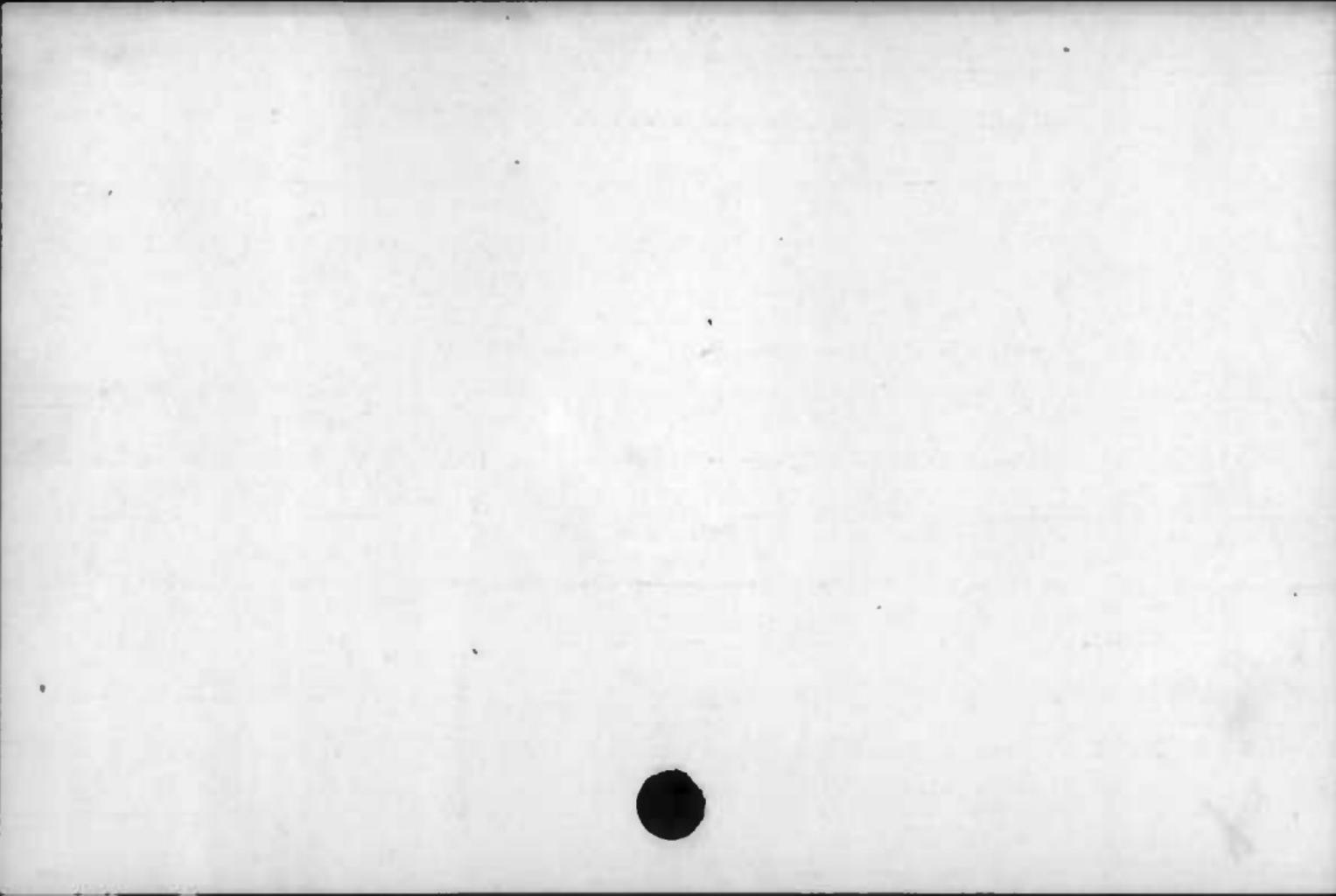
Signature of Physician

Address

had none
R J Hodell JP

Accident or Suicide?

J



Name
in
Full

Maria Cornish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at	Church Creek	Dorchester	
Date of death	Month	Day	Years
1908	Nov.	27 th	Age 49
Sex	Color or Race	Birth-place	
Female	Col.	Dor Co. Md.	Days
Occupation	Where Residing if not et place of death		
Married, Single or Widowed	Name of Wife or Husband	George W. Cornish	
Father's Name	John W. Henry		
Mother's Maiden Name	Ann Brown		
Name of person giving information	George W. Cornish		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

93

How long

11 days

Immediate

Heart failure

a few hours

Are the name, age, sex, color, date
and place correctly given above?

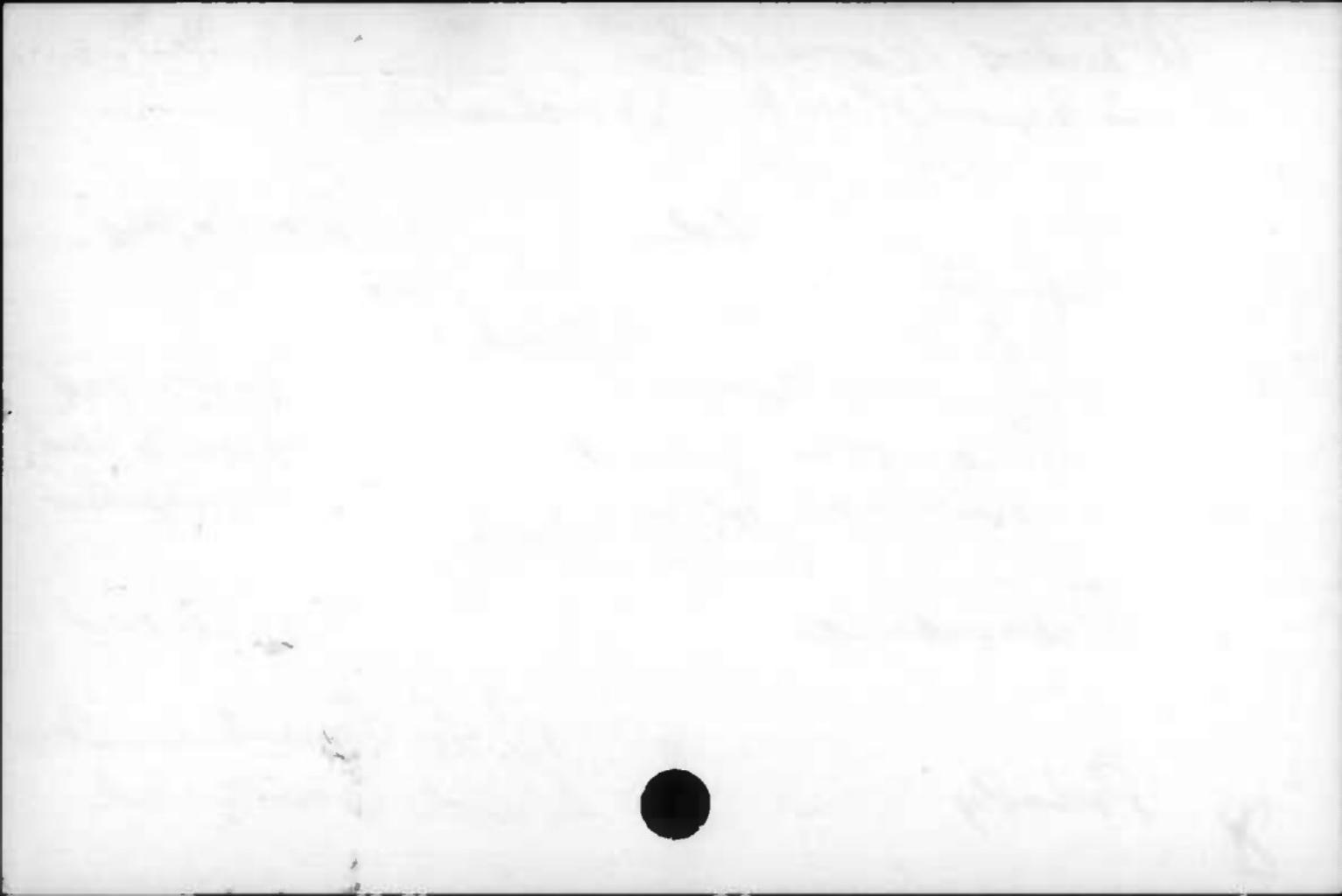
Probably

Signature of Physician

Address

R. L. Smithwick
Church Creek, Md.

Accident or Suicide



Name
in
Full

Victor Cornish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died near Church Creek		County Dorchester		MARYLAND	
Date of death 1908	Month Nov.	Day 1st	Years 2	Months 3	Days —
Sex Male	Color or Race Col.	Birth- place Dor Co, Md.			
Occupation Infant	Where Residing if not at place of death —				
Married, Single or Widowed Infant	Name of Wife or Husband Infant				
Father's Name Columbus Cornish	Father's Birthplace Dor Co, Md.				
Mother's Maiden Name Ellen or Jolley	Mother's Birthplace Dor Co, Md.				
Name of person giving Information Richard Jolley	How related to deceased Grandfather				

CAUSES OF DEATH

93

How long

How long

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Are the name, age, sex, color, date
and place correctly given above?

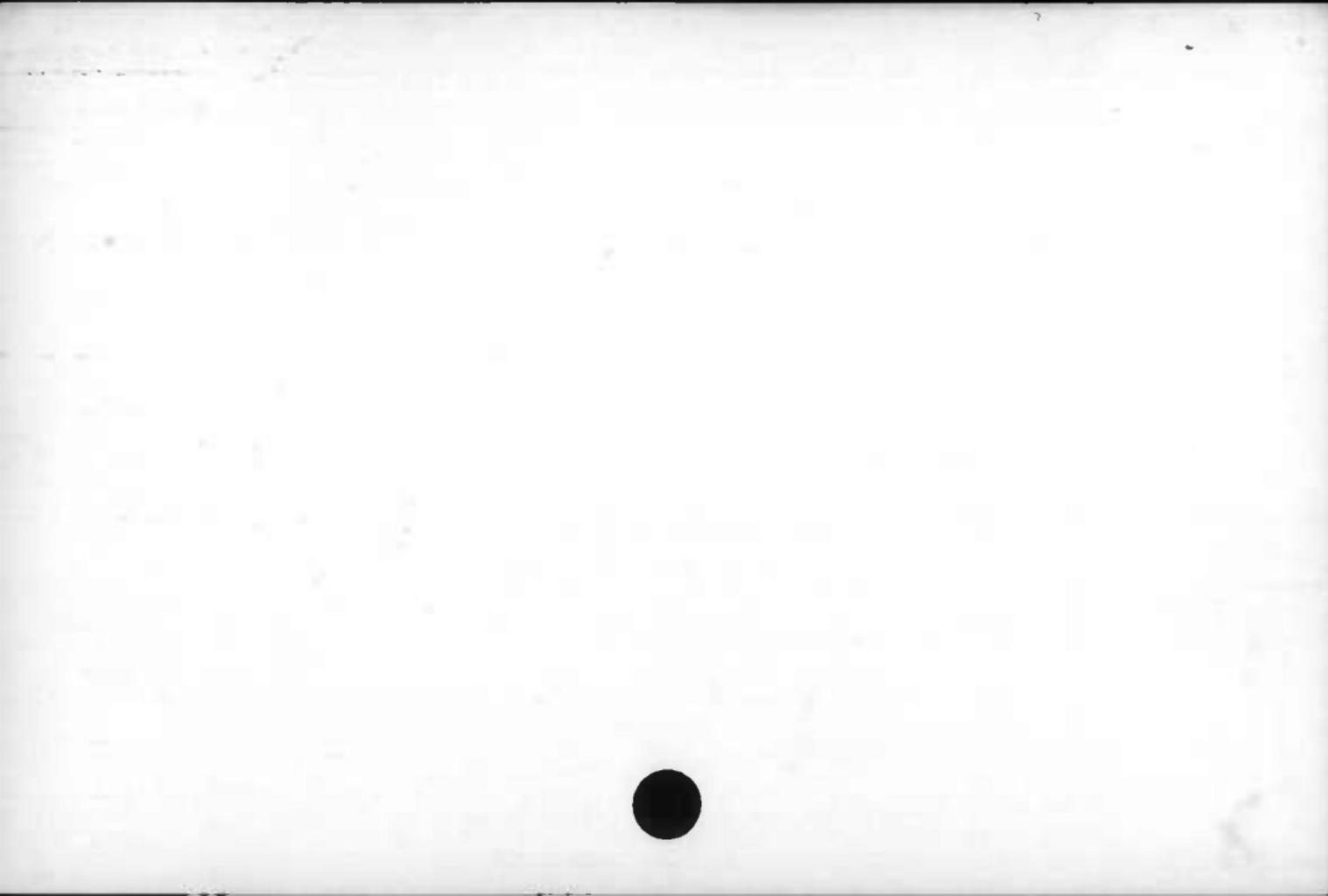
Probably

Accident or Suicide

Signature of
Physician

Address

R. L. Smithson Jr.
Church Creek, Md.



Name
in
Full

George A Cottman

CERTIFICATE OF DEATH

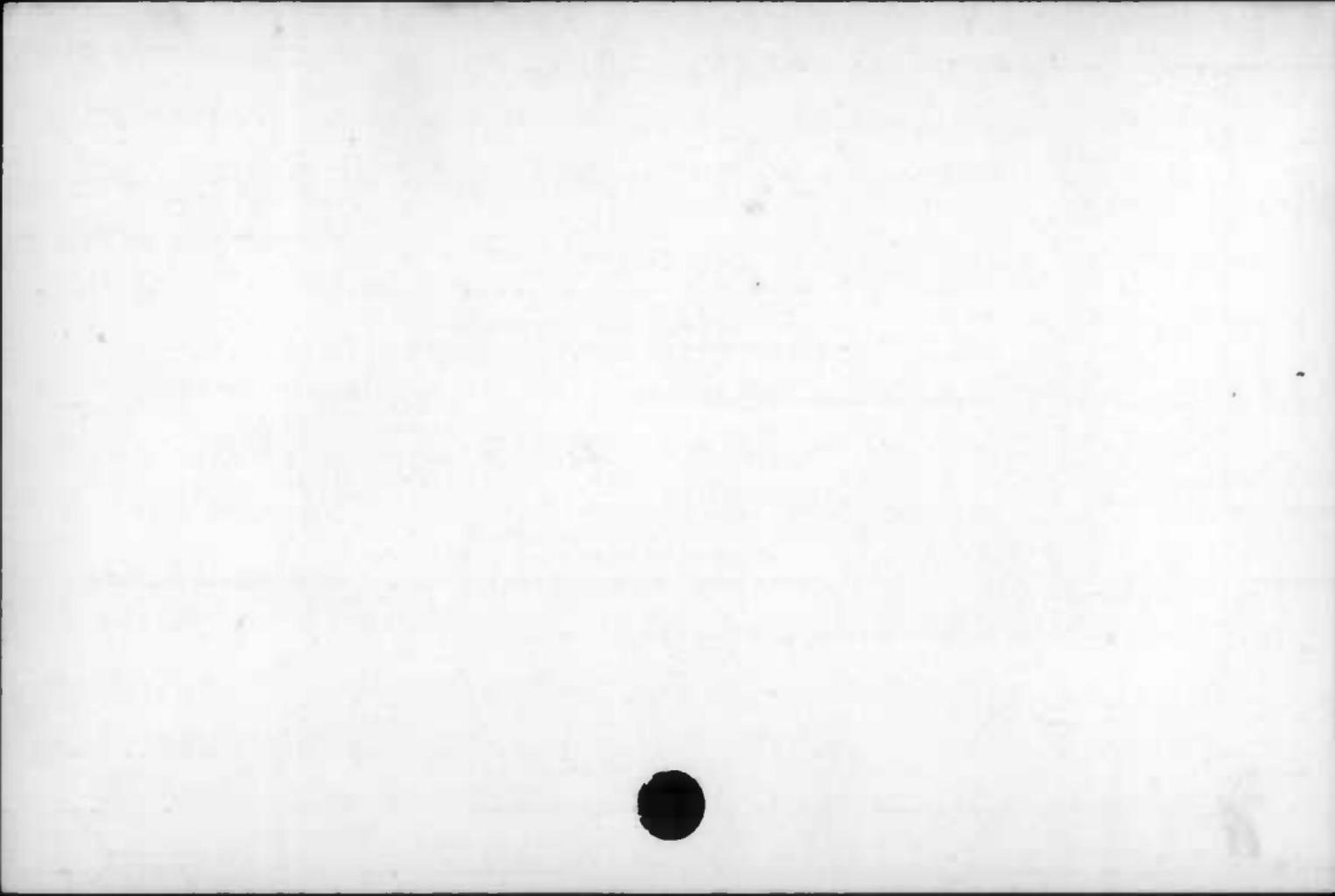
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	34	—
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Widower	Name of Wife or Husband	Lydia Cottman (nee Miles)		
Father's Name	Caleb Cottman				
Mother's Maiden Name	Amanda Ballard				
Name of person giving information	Belle Sarpis				
CAUSES OF DEATH					
Primary	Pulmonary Tuberculosis				
Immediate	Cardiac Failure				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yes			Sexton B Reynolds		
			Address		
			Cambridge Md		

27

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Tom. Kansas Cox

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Nov.	15 th	0	8	24
Sex	Male	Color or Race	white	Birth-place	Dorchester Co.
Occupation	Sergeant	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Granville H. Cox		Father's Birthplace	Wicomico Co	
Mother's Maiden Name	Mollie M. Mc Goughlin		Mother's Birthplace	" "	
Name of person giving Information	Granville H. Cox		How related to deceased	Father	

CAUSES OF DEATH

105°

How long

6 mos.

How long

3 weeks

PHYSICIAN
OR CORONER

Primary

Malnutrition

Immediate

Gastro - enteritis exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

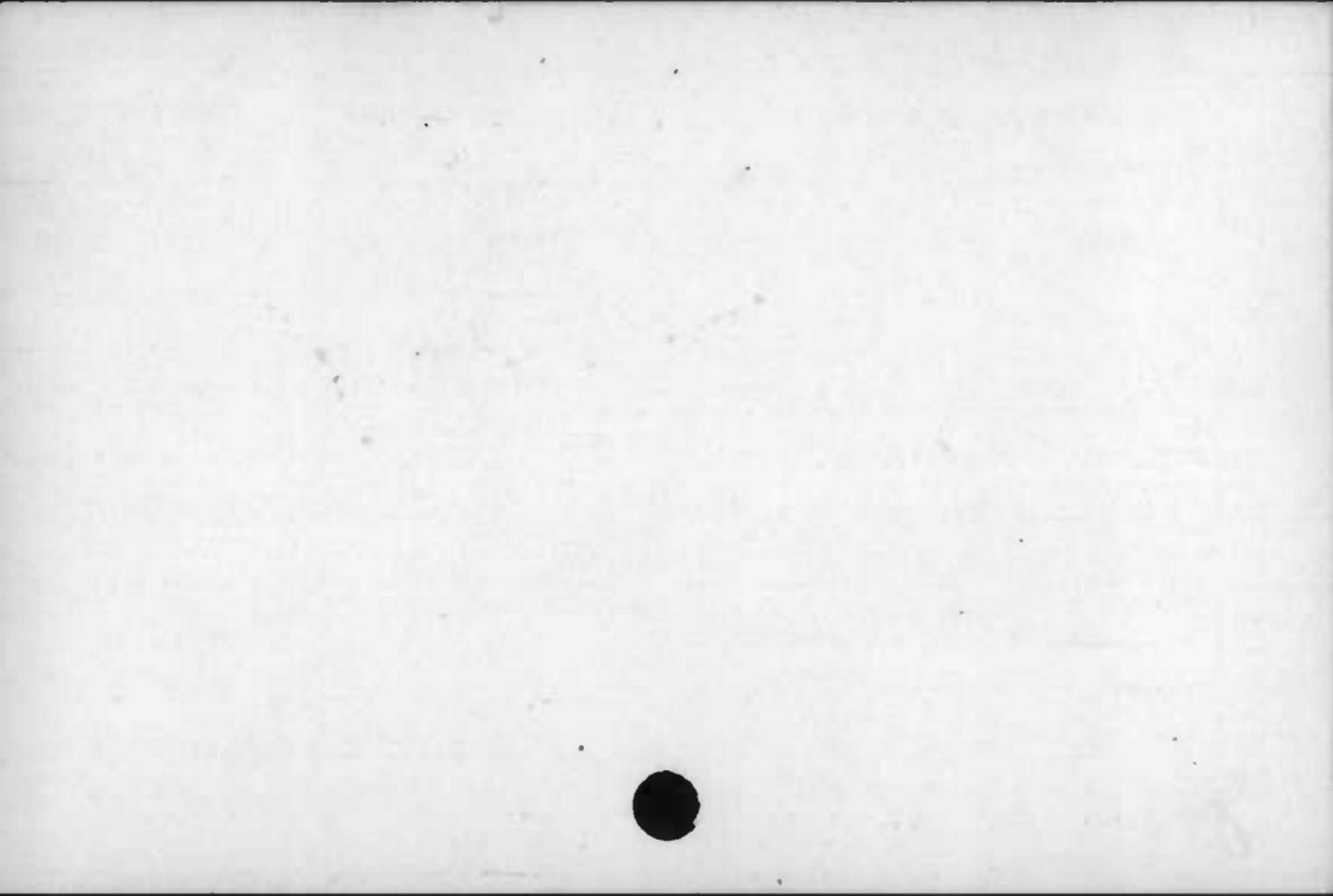
Signature of Physician

Address

W.H. Houston M.D.
Fishing Creek
Md

J.

Accident or Suicide?



Name
in
Full

Cora Martina Dockins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			
Died at Little Brick Mill	Dor. Co.,	MARYLAND		
Date of death 1908	Month 11	Day 14	Year 18	Months 10
Age 18	Days 20			
Sex Female	Color or Race Colored	Birth-place Maryland		
Occupation Maid	Where Residing if not at place of death Little Brick Mill			
Married, Single or Widowed Single	Name of Wife or Husband None			
Father's Name Stevens Mansfield Dockins	Father's Birthplace Maryland			
Mother's Maiden Name Ida May Phare	Mother's Birthplace Maryland			
Name of person giving information Ida May Dockins	How related to deceased Mother			

CAUSES OF DEATH

118

Primary

Chronic intestinal neutropathy 10 years'

Immediate

Appendicitis

How long

8 hours & 30 min

Are the name, age, sex, color, date and place correctly given above?

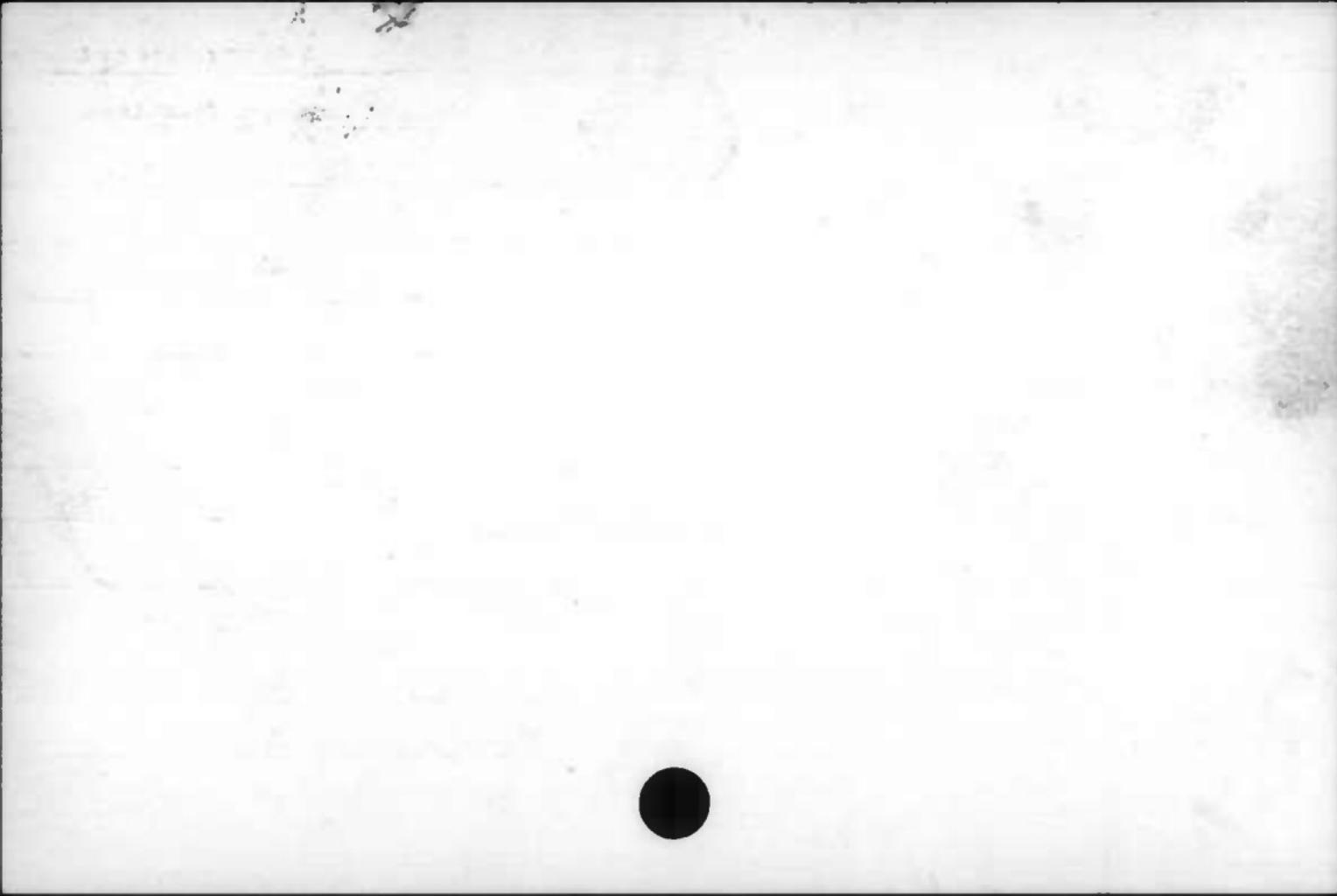
Signature of Physician

Address

H. O. Harbough, M.D.
East New Market
Maryland.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Clara B Doyle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908 Nov	15	-	Age	8	-	
Sex	Color or Race		Birth-place	Cambridge		
Female	White		Cambridge	Cambridge		
Occupation			Where Residing if not at place of death			
Baby			Cambridge	Cambridge		
Married, Single or Widowed	Name of Wife or Husband					
Single	Joseph Doyle					
Father's Name			Father's Birthplace	Baltimore		
Mother's Maiden Name	Nellie C Goslin		Mother's Birthplace	Dorchester		
Name of person giving information	L. W. Goslin		How related to deceased	Grand Father		

CAUSES OF DEATH

121

How long

Several months

How long

Hours

PHYSICIAN
OR CORONER

Primary

Malaria.

Immediate

Convulsions from Kidney Congestion

Are the name, age, sex, color, date and place correctly given above?

Yes

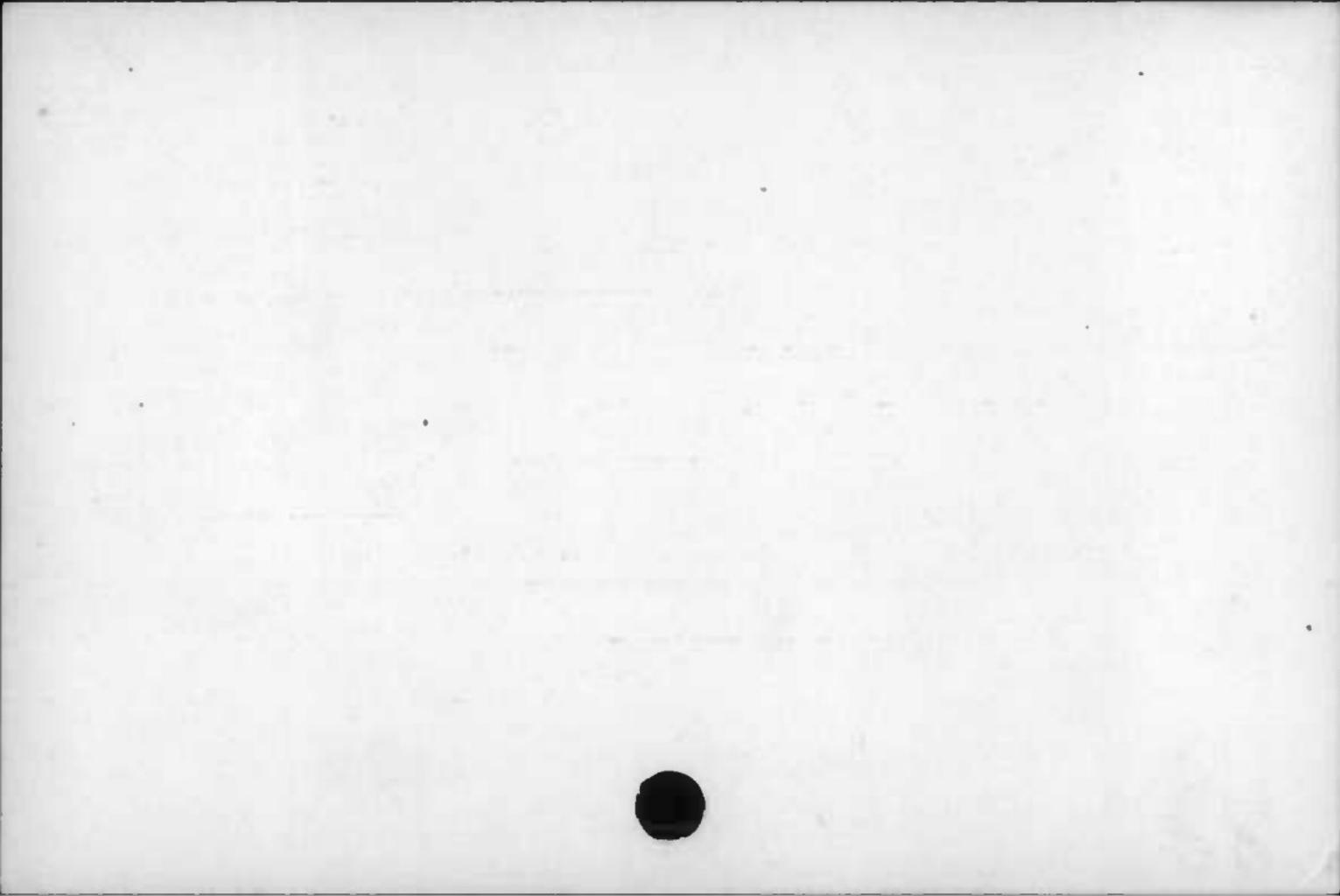
Signature of Physician

B. W. E. Golay, M.D.

Address

Cambridge Md.

Accident or Suicide?



Name
in
Full

Francis A. Pittburgh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month Nov.	Day 28	Years Age 56	Month	Days
Sex	Male	Color or Race	White	Birth-place	Maryland	
Occupation	Housewife		Where Residing if not et place of death	Cambridge		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Pittsburgh		Father's Birthplace	Maryland		
Mother's Maiden Name	Do not know		Mother's Birthplace			
Name of person giving Information	Brid Bannon		How related to deceased	None		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

La Grippe

10

How long

10 days

Immadieta

Ascheirus

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

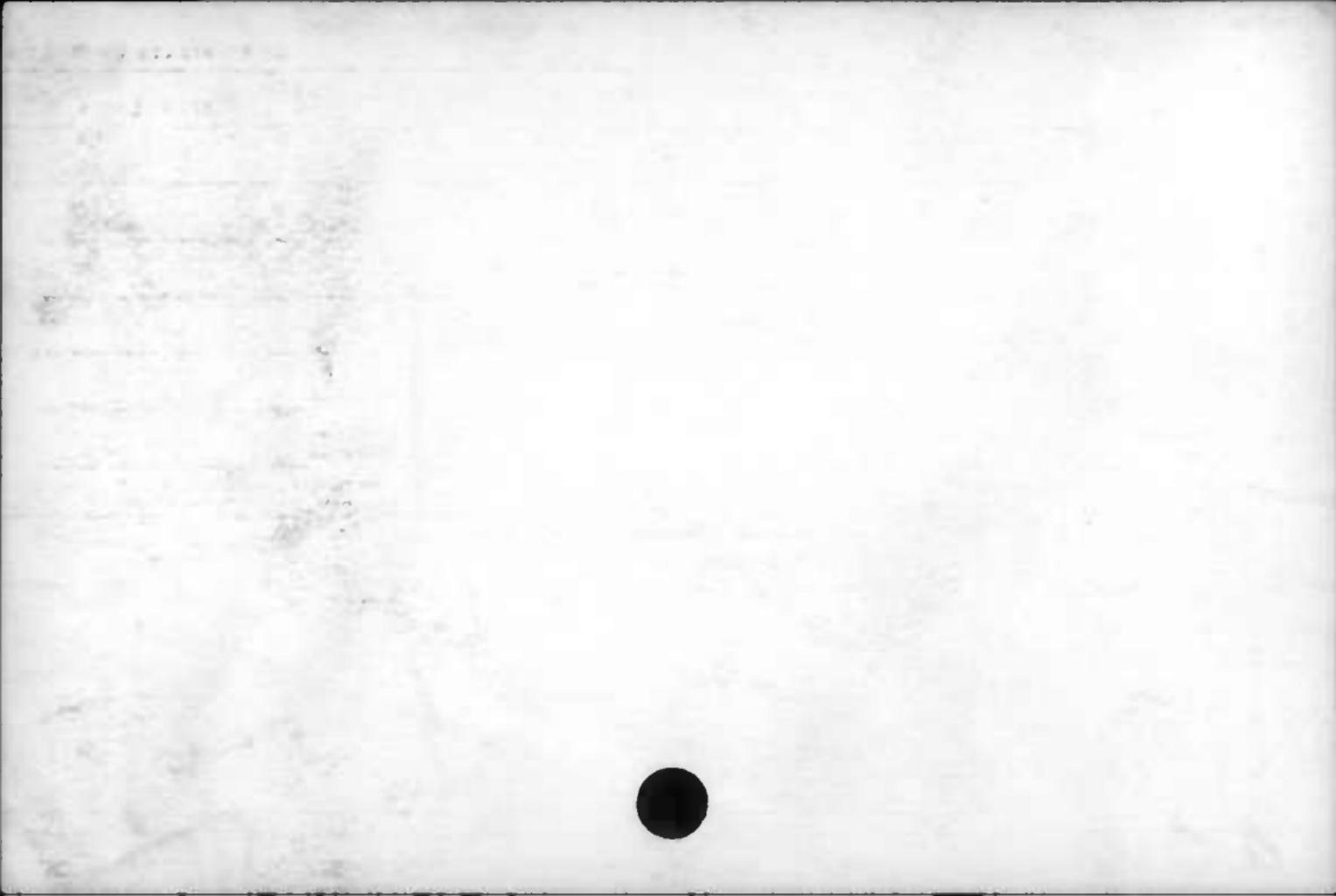
Signature of
Physician

Address

W. W. Goldsborough

Cambridge

Accident or Suicide



Name
in
Full

Henry H. Gruffman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	White	Birth-place	Dorchester Co	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Charlotte F. Slack			
Father's Name	Unknown				
Mother's Maiden Name	Unknown				
Name of person giving information	Harry Gruffman				
CAUSES OF DEATH					
Primary	Injury received to head				
Immediate	Cerebral Aneurysm				
Are the name, age, sex, color, date and place correctly given above?	Yrs	Signature of Physician	E. G. Fleming		
over looked last month		Address	Hawlock Md		
Accident or Suicide?	Homicidal				

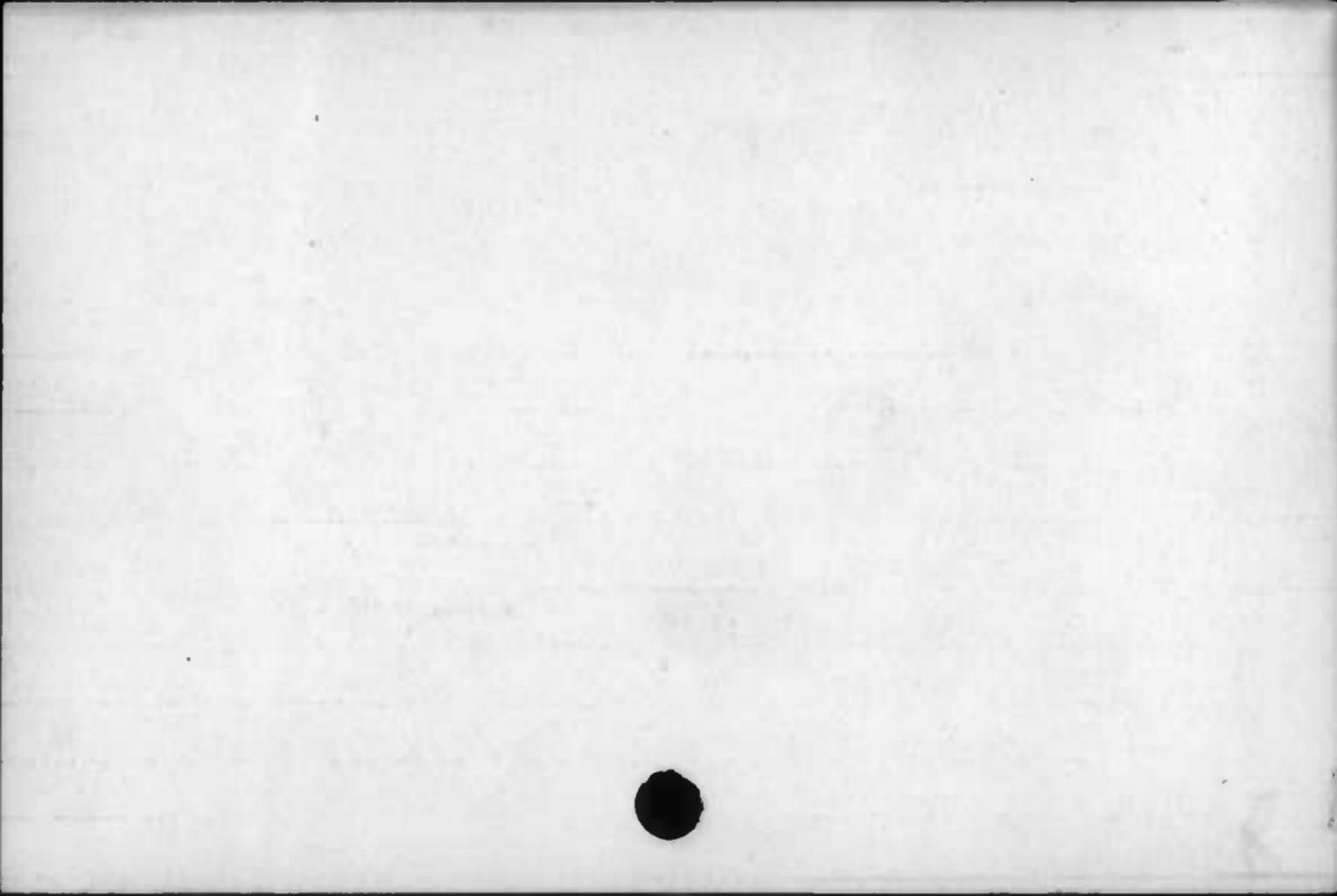
74

PHYSICIAN
OR CORONER

How long 14 yrs
How long 3 weeks

Signature of Physician

Address



Name
in
Full

Mary C. Hubbard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Nov.	19	Age	53	-
Sex	Color or Race	Where Residing if not et place of death			
Female	White	Cambridge			
Occupation					
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Mother's Birthplace		
Married	Wm A. Hubbard	Thomas C. Bennett	Maryland		
Mother's Maiden Name	Mary A. C. Hubbard	Father's Birthplace			
Name of person giving Information	Wm A. Hubbard	Mother's Birthplace			
How related to deceased			Husband		

CAUSES OF DEATH

27

How long

How long

Primary

Tuberculosis

Don't know

Immediate

Heart Failure

One hour

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Victor L. Carroll
Cambridge, Md

PHYSICIAN
OR CORONER

Accident or Suicide





Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Elizabeth J. Kinane

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	John D. Kinane			
Father's Name	E J Mitchell				
Mother's Maiden Name	Elizabeth J. Mitchell				
Name of person giving information	Elizabeth Kinane				

CAUSES OF DEATH

79

Primary
Valvular Disease of Heart

How long

8 months

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

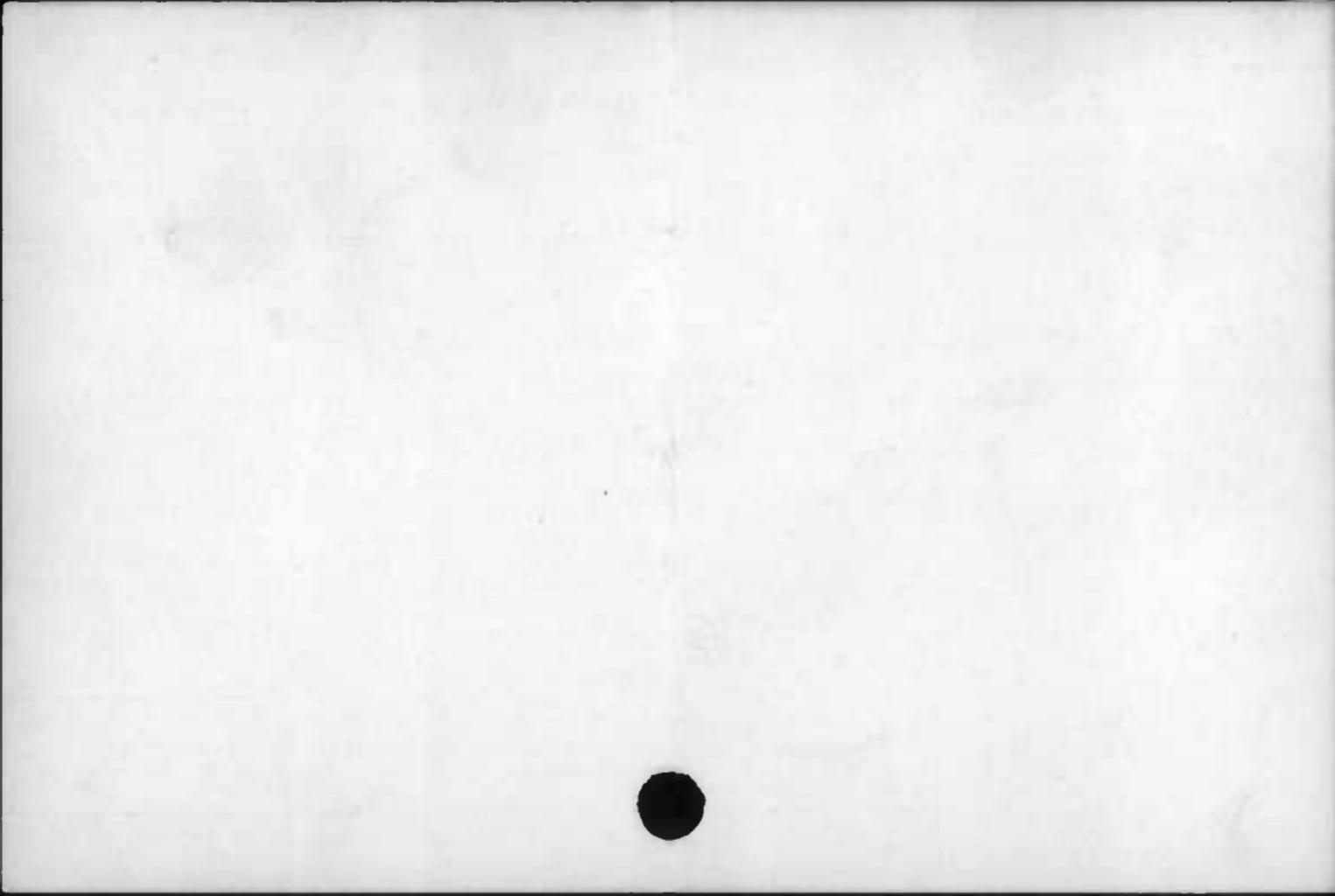
Yes

Signature of Physician

Address

O'Shaunley
Lungale - 15
2nd

Accident or Suicide?



Name
in
Full

Maggie McEvris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month Nov.	Day 24	Years Age 46	Months 2	Days 12
Sex Female	Color or Race White	Birth-place Maryland				
Occupation Seamstress	Where Residing if not at place of death Cambridge					
Married, Single or Widowed Single	Name of Wife or Husband					
Father's Name Levin P. Lewis	Father's Birthplace Maryland					
Mother's Maiden Name Margaret Marshall	Mother's Birthplace Maryland					
Nams of person giving Information Bain Brannock	How related to deceased Nephew					

CAUSES OF DEATH

27

Primary

Tuberculosis Pulm. Sangu & Intestinal 2 or 3 years

Immediate

Gradual Exhaustion

How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

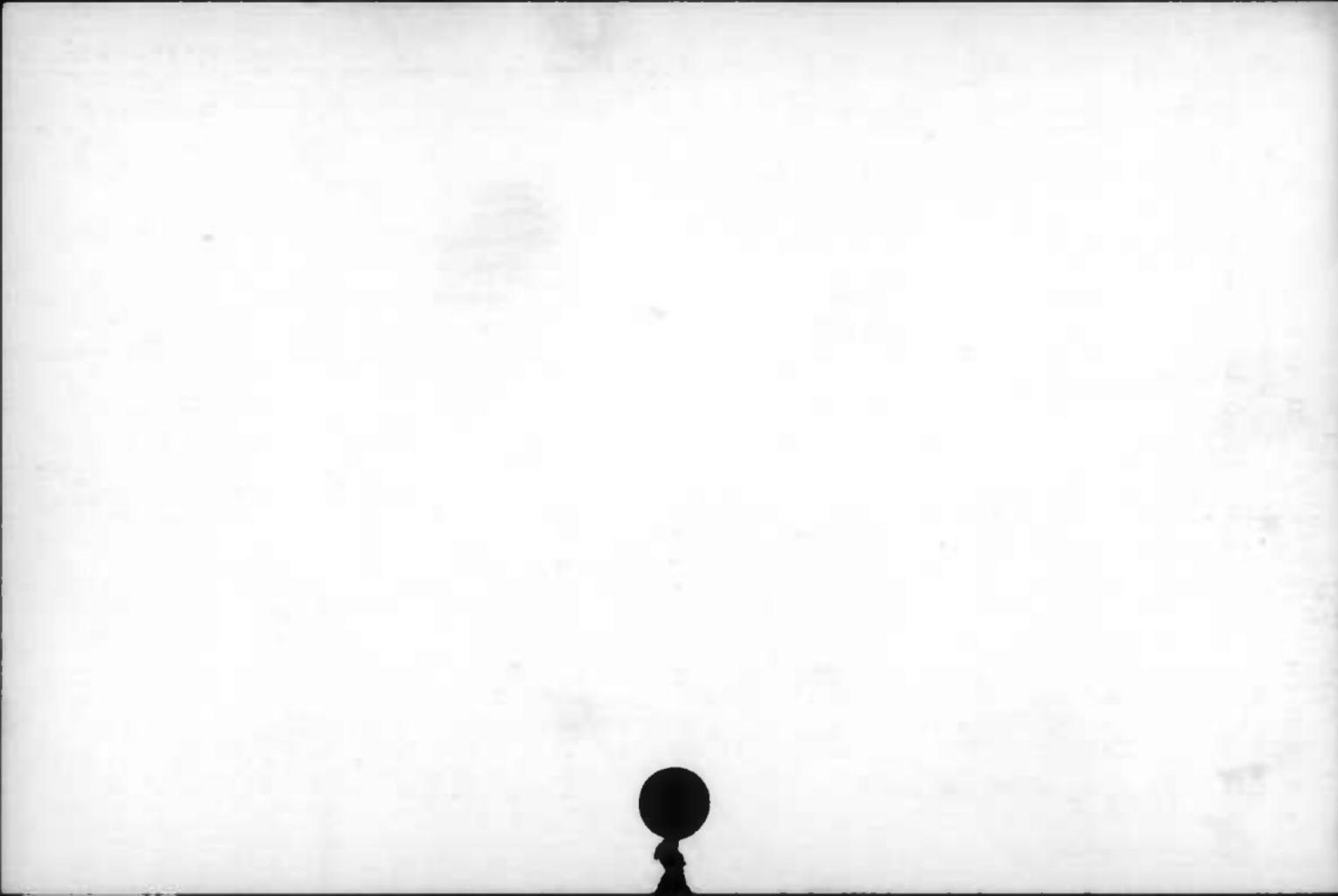
Signature of
Physician

Address

Guy Steele

Cambridge Md

8 Accident or Suicide



Name
in
Full

Martij K Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Church Park</u>		County <u>Dorchester</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Nov.</u>	Day <u>12</u>	Years <u>76</u>	Months <u>2</u>	Days <u>15</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death <input checked="" type="checkbox"/>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Margaret A Lewis</u>		Father's Birthplace <u>Maryland</u>		
Father's Name <u>Eliza Lewis</u>			Mother's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Margaret A Fitzhugh</u>			How related to deceased <u>Son</u>		
Name of person giving Information <u>Edgar Lewis</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

27

How long

out from

Immediate

Pneumonia

How long

several days

Are the name, age, sex, color, date and place correctly given above?

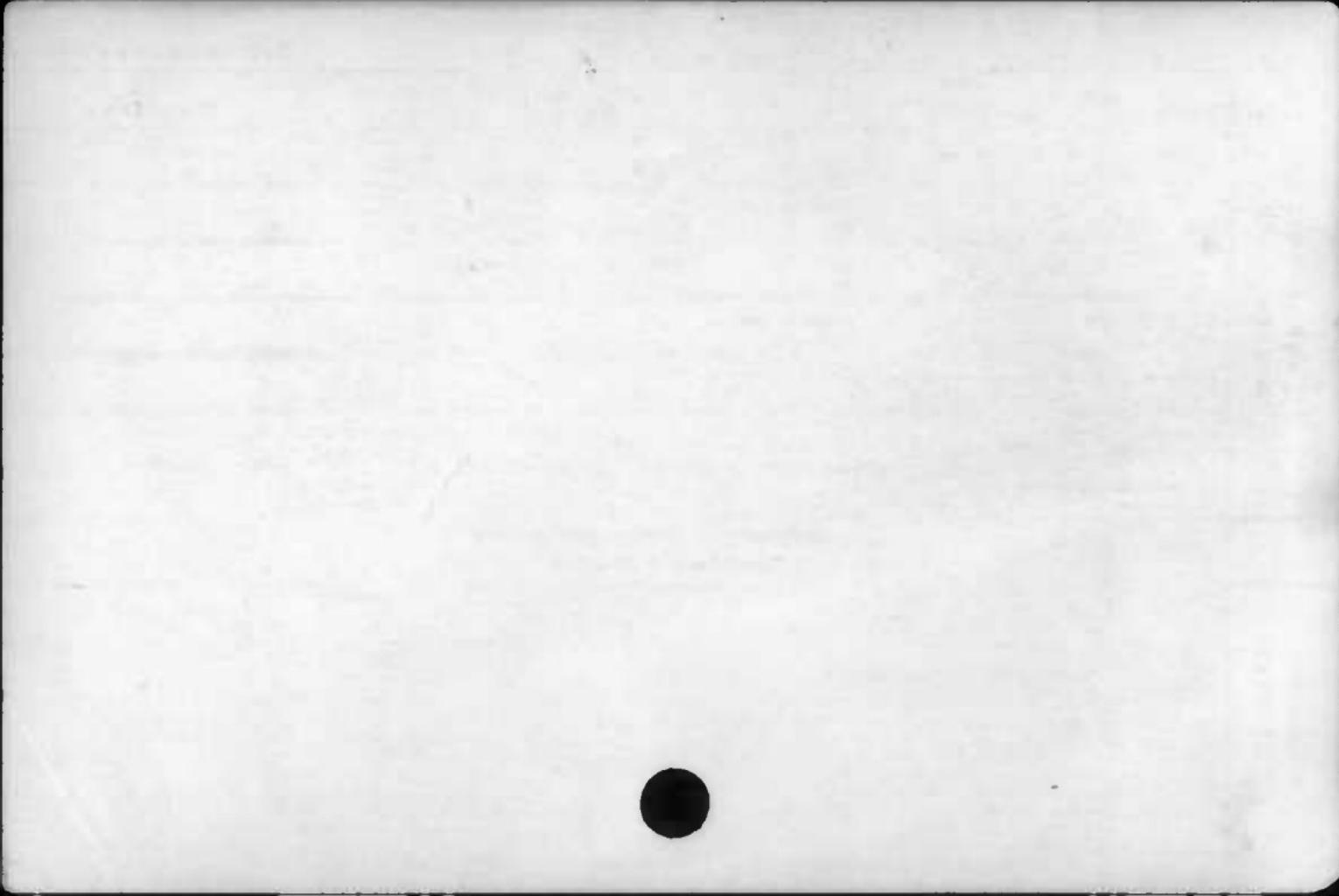
yes

Signature of Physician

Address

Victor F. Carroll
Cambridge, Md,

Accident or Suicide



Name
in
Full

Mary S. McBride

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Bucktown		Dorchester				
Date of death	Month	Day	Years	Age	Months	Days
1908	November	27	70	7	-	-
Sex	Female	Color or Race	Cohite		Birth-place	Dorchester Co.
Occupation	Housewife		Where residing if not at place of death			
Married, Single or Widowed	widow	Name of Wife or Husband	Dead		Samuel McBride	
Father's Name	Robt G. Rawleigh				Father's Birthplace	Dorchester Co.
Mother's Maiden Name	Sarah Derrickson				Mother's Birthplace	Dorchester Co.
Name of person giving Information	Thos. E. McBride				How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

old age

154

How long

several

Immediate

exhaustion

How long

a day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

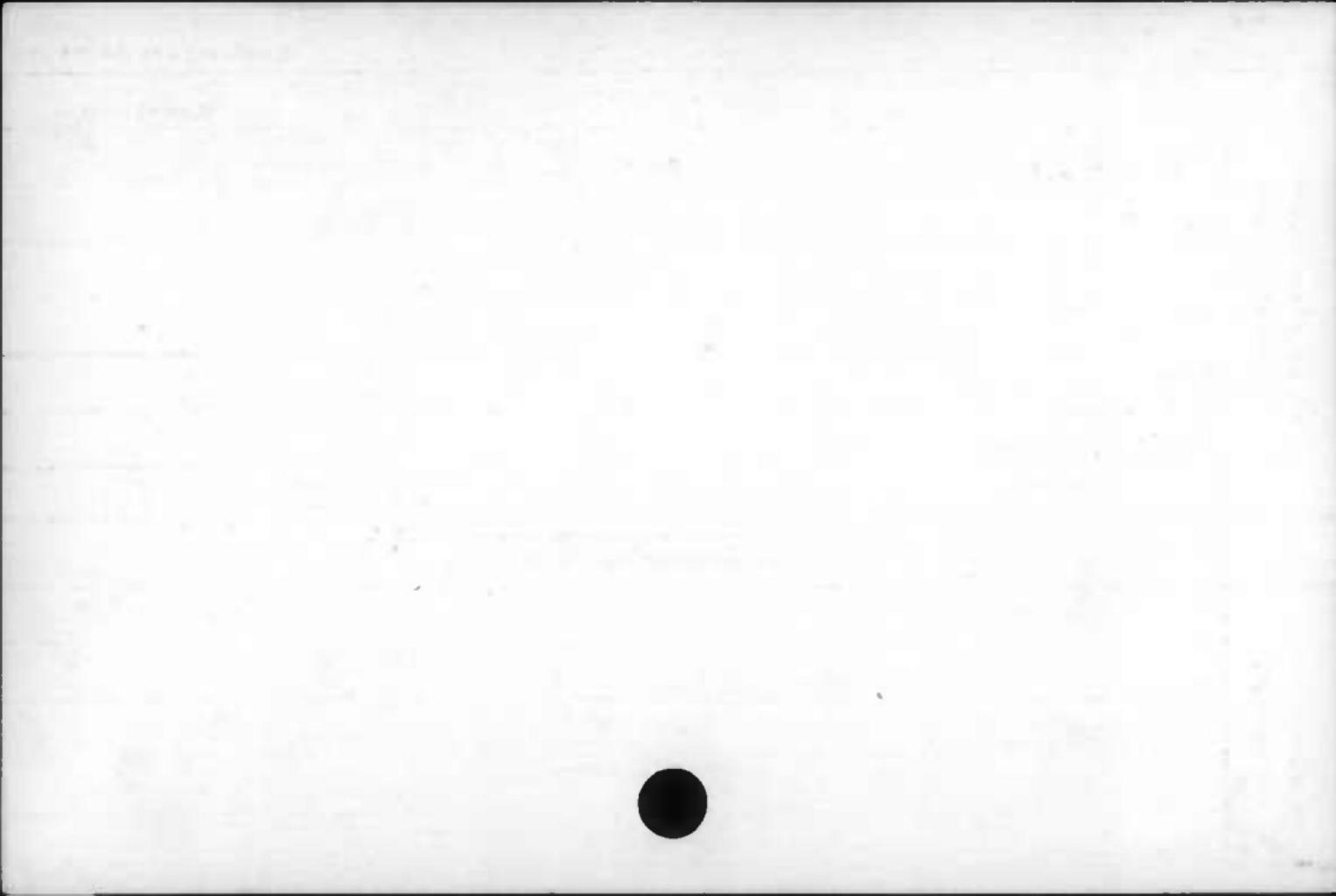
Address

Physician Absent

Emergency Service
Just in case

Yes

Accident or Suicide



Name
in
Full

John McBreaddy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Cambridge

Town

County

MARYLAND

Date
of death

1908 Nov

Month

25

Day

Years

Age

26

Months

—

Days

—

Sex

Male

Color or
Race

Colored

Birth
place

Dorchester Co.

Occupation

Sabotier

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Henry Binder

Father's
Birthplace

Dorchester Co.

Mother's
Maiden Name

Mary McBreaddy

Mother's
Birthplace

Dorchester Co.

Name of person giving
Information

Mary McBreaddy

How related
to deceased

Mother

CAUSES OF DEATH

36

Primary

Diphylis

How long

6 or 8 months

Immediate

Mycarditis

How long

several weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

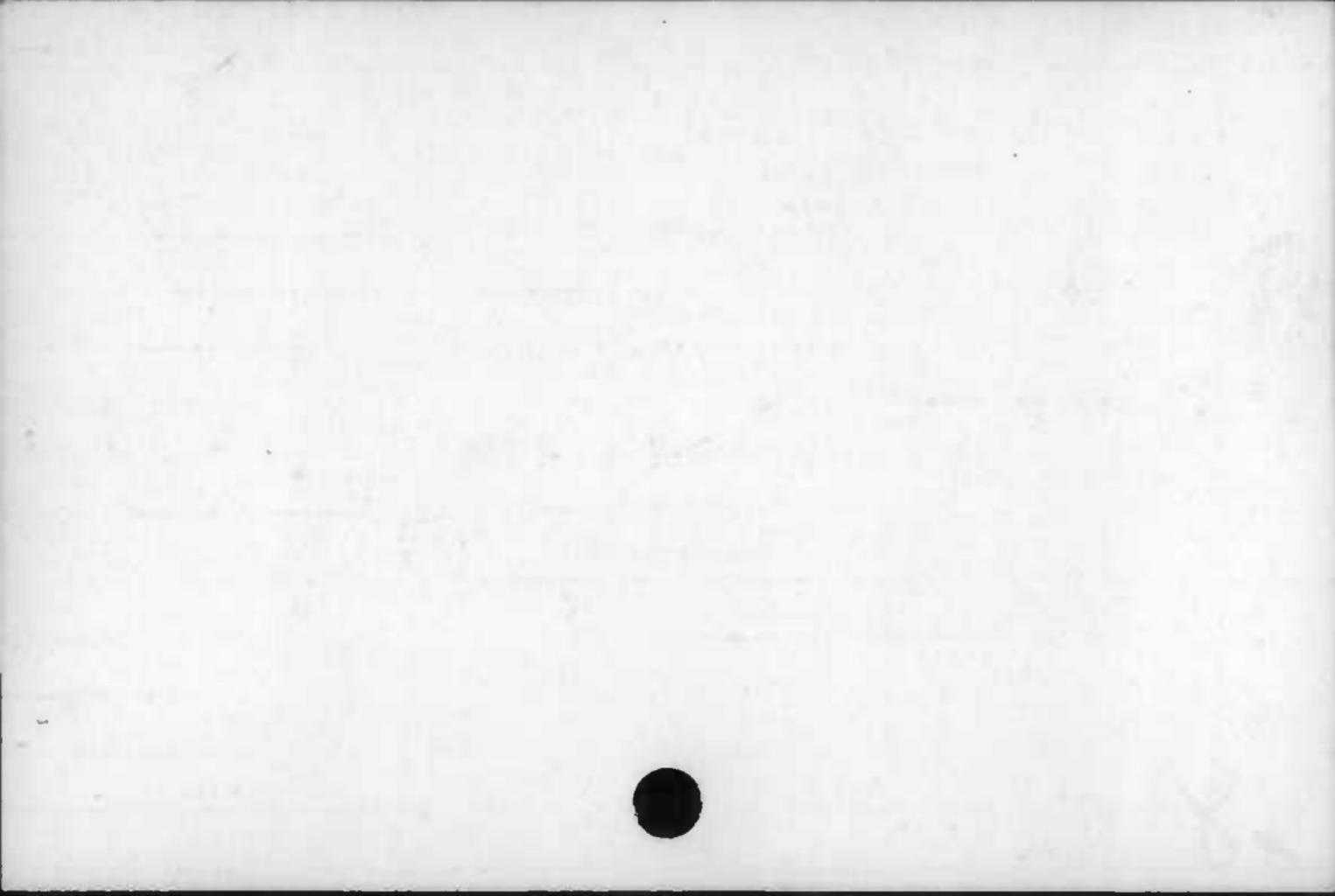
Lester P Reynolds M.D.

Address

Cambridge Md.

J

Accident or Suicide?



Name
in
Full

Marie & Mc Gee

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	State
Cambidge		Dorchester Co	MARYLAND
Date of death	Month	Day	Years
1908	Nov	3	Age 45
Sex	Color or Race	Birth-place	
Female	White	Falbush - Co	
Occupation	Where Residing if not at place of death		
House wife	Cambidge		
Married, Single or Widowed	Name of Wife or Husband		
Married	William Mc Gee		
Father's Name	Thomas Margone	Father's Birthplace	Don't know
Mother's Maiden Name	Laura Baker	Mother's Birthplace	Don't know
Name of person giving information	William Mc Gee	How related to deceased	Husband

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

Don't know

Immediate

Exhaustion

How long

short

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E. E. Wolff
Cambridge, Md

Address

Accident or Suicide?



Name
in
Full

Walter E. Merkins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Columbia			
Father's Name	George W. Merkings				Father's Birthplace
Mother's Maiden Name	Mary A. Mills				Mother's Birthplace
Name of person giving Information	Luther Anchens				How related to deceased

1908 Nov 17 26 Md Columbia

Married, Single or Widowed: Married Name: George W. Merkings

Father's Name: James Charles

Mother's Maiden Name: Mary A. Mills

Name of person giving Information: Luther Anchens

How related to deceased: Brother-in-law

CAUSES OF DEATH

131

Primary

Brown heart

How long

years

Immediate

Pneumonia.

How long

days

Are the name, age, sex, color, date and place correctly given above?

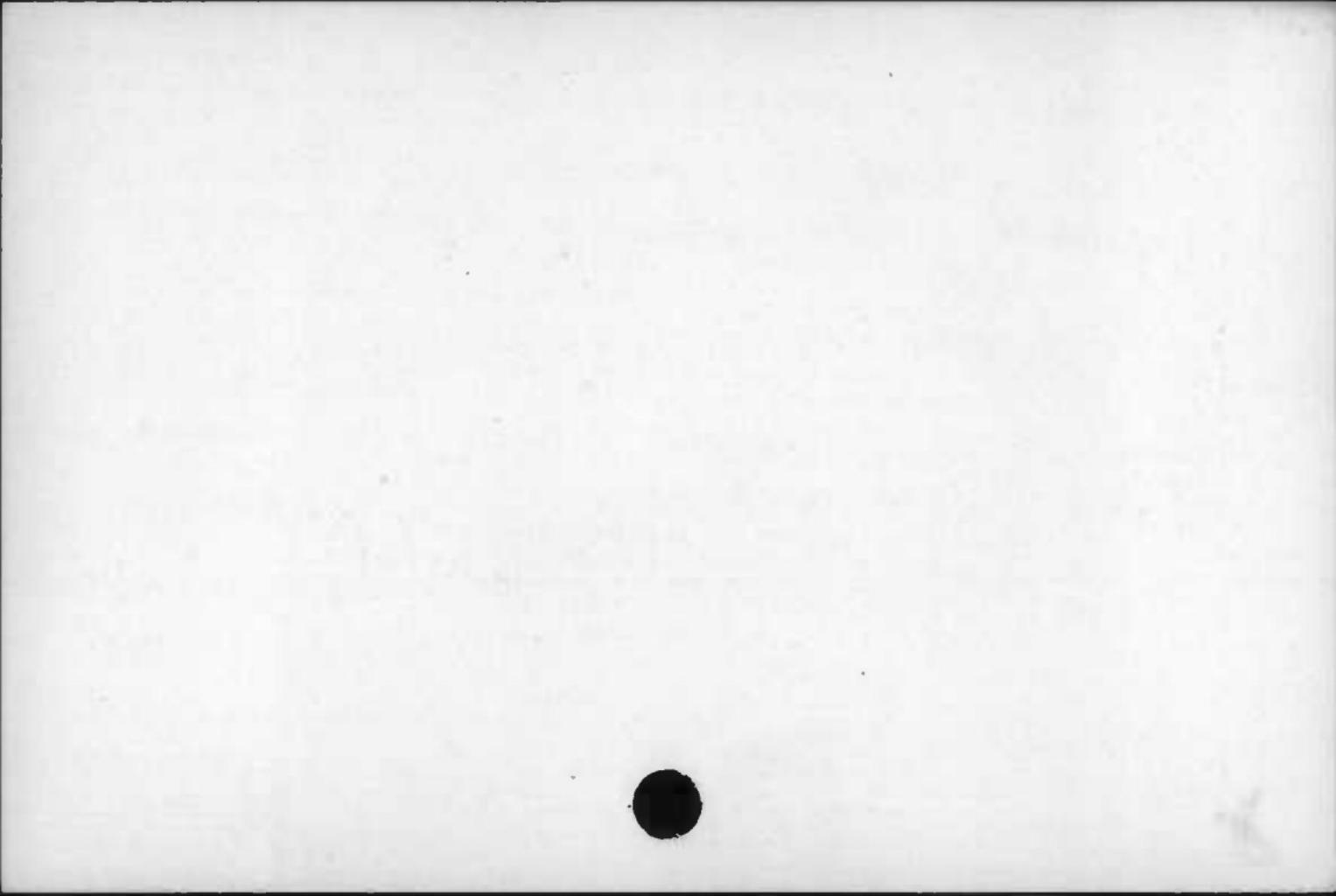
yes

Signature of Physician

Address

John Moore
Columbia

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

no name

CERTIFICATE OF DEATH

Died at <i>Bishopfield District no 10</i>		Month	Day	Years	Months	Days
Date of death 1908	November	9	Age	—	5	3
Sex female	Color or Race white	Birthplace <i>Bishopfield</i>				
Occupation none	Where Residing if not at place of death					
Married, Single or Widowed <i>single</i>	Name of Wife or Husband					
Father's Name <i>Wm & more</i>	Father's Birthplace <i>Bishopfield</i>					
Mother's Maiden Name <i>Kinty Newark</i>	Mother's Birthplace <i>Bishopfield</i>					
Name of person giving information <i>Wm & more</i>	How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

179

How long

How long

Accident or Suicide

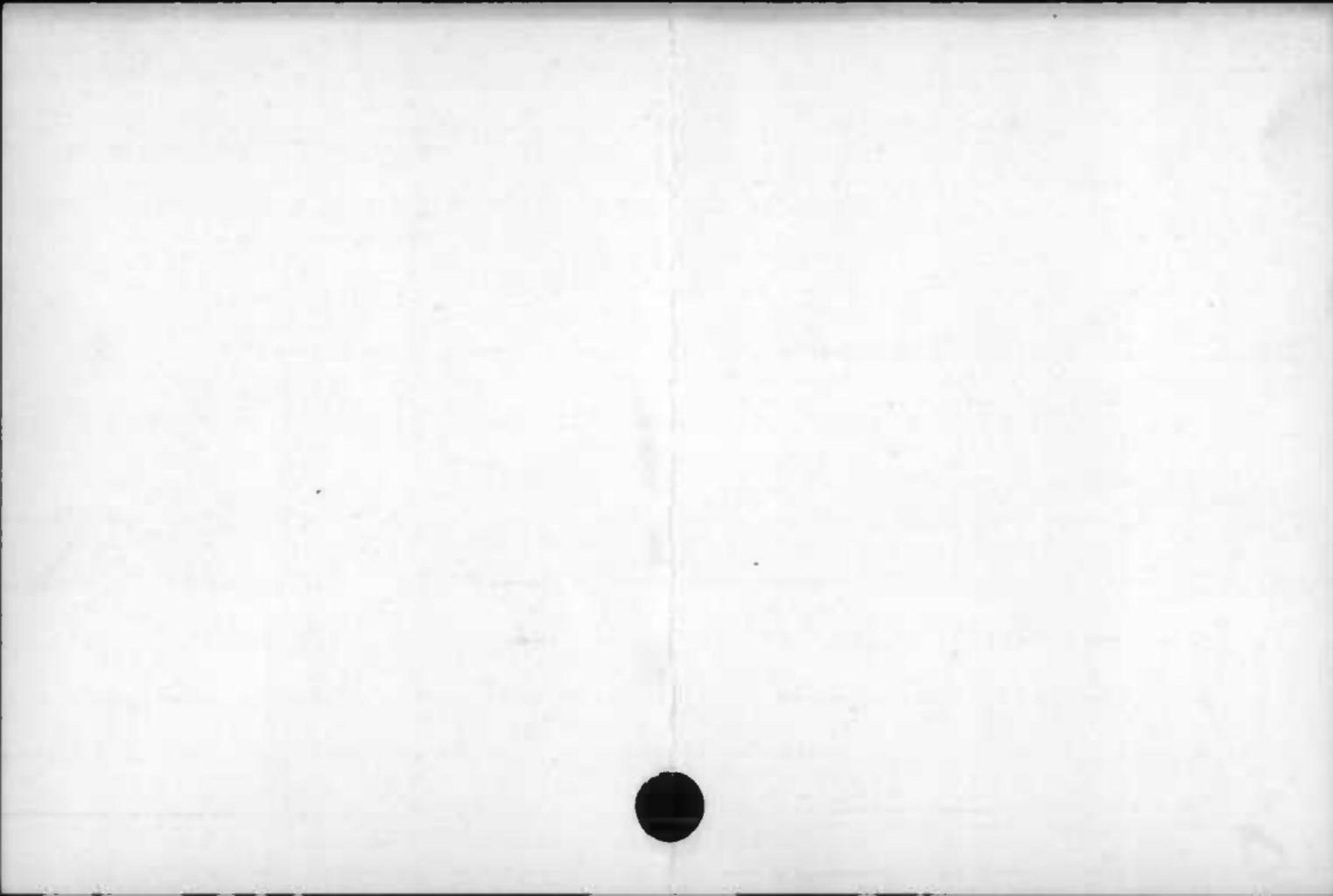
Rennie O Jones Dec 29th 1908
~~W~~ a Denny Jan'

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH						
Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Mary Nichols				
Father's Name	Jacob Nichols					Father's Birthplace
Mother's Maiden Name	Caroline Nichols					Mother's Birthplace
Name of person giving Information	Caroline Nichols					How related to deceased
CAUSES OF DEATH						
Primary	Heart Disease					How long
Immediate						How long
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
yes			R. Kemps Jefferson			
			Address			
			Federalsburg			
			Md			
Accident or Suicide?						



Name
in
Full

Hattie V. Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	Cambridge	County	Dorchester	MARYLAND					
Date of death	Month	Nov.	Day	14	Years	Age	40	Months	-	Days
Sex	Female	Color or Race	White	Birth-place	Maryland					
Occupation	Housewife			Where Residing if not et place of death	Cambridge					
Married, Single or Widowed	Married	Name of Wife or Husband	Engine Price							
Father's Name	Wesley Parks			Father's Birthplace	Delaware					
Mother's Maiden Name	Mary J. Beauchamp			Mother's Birthplace	"					
Name of person giving Information	Engine Price			How related to deceased	Husband					

CAUSES OF DEATH

Primary Melancholia Chronic (Clinactis) Sometime
Immediate Dementia Paralytica & Exhaustion How long
10 days

Are the name, age, sex, color, date
and place correctly given above?

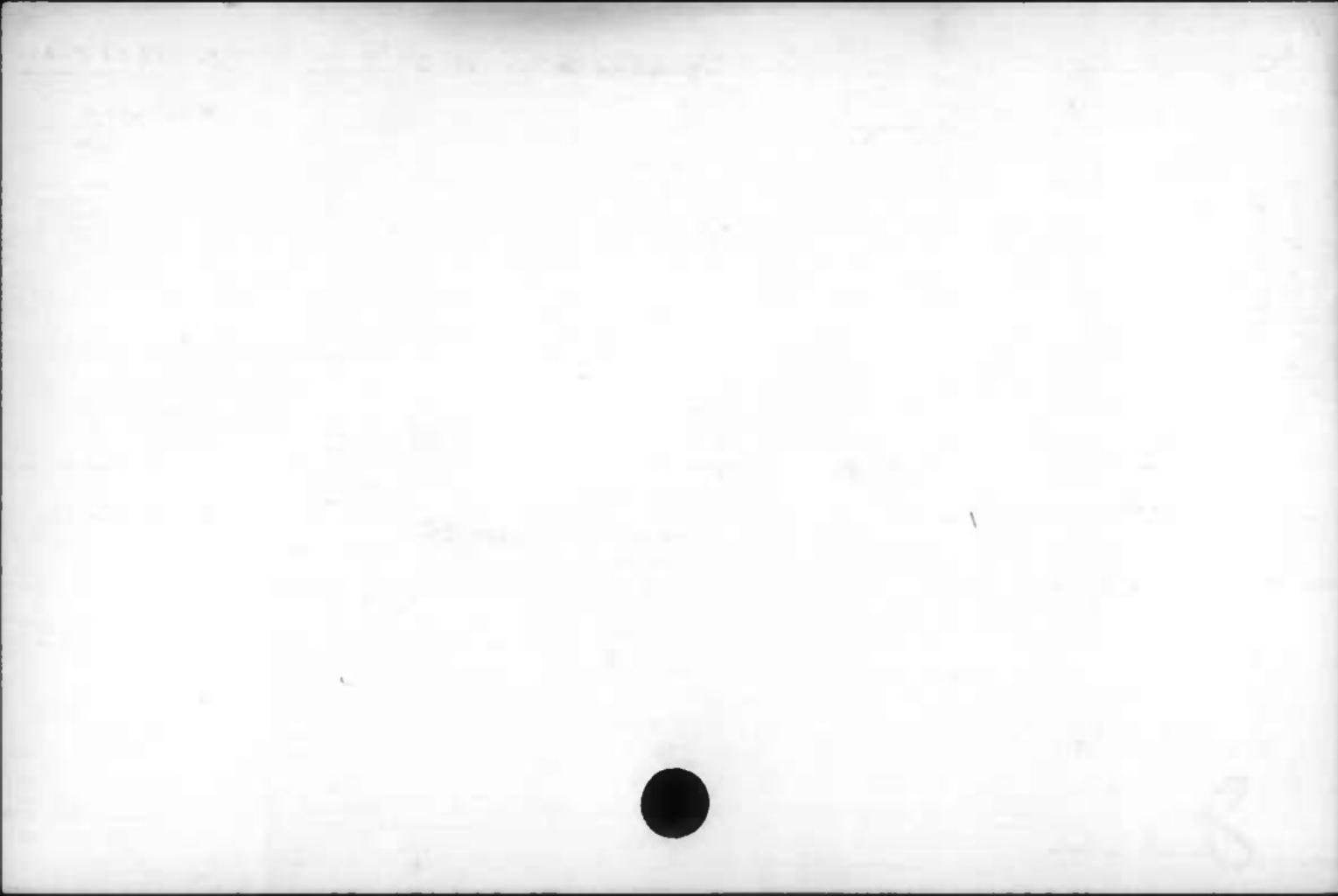
Yes

Signature of Physician

Address

E.E. Wolff
Cambridge, Md

Accident or Suicide



Name
in
Full

Mrs Donald Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Mary
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		Donald Stewart		
Father's Name	Alexander Hand		Father's Birthplace	Maryland	
Mother's Maiden Name	Susan Stewart		Mother's Birthplace	Maryland	
Name of person giving Information	She is my relative - Jack Kwanten		How related to deceased	Cousin	

CAUSES OF DEATH

43

How long

18 months

How long

Some weeks

PHYSICIAN
OR CORONER

Primary Cause of Death

Immediate Heart failure from growth pressure

Are the name, age, sex, color, date and place correctly given above?

By

Signature of Physician

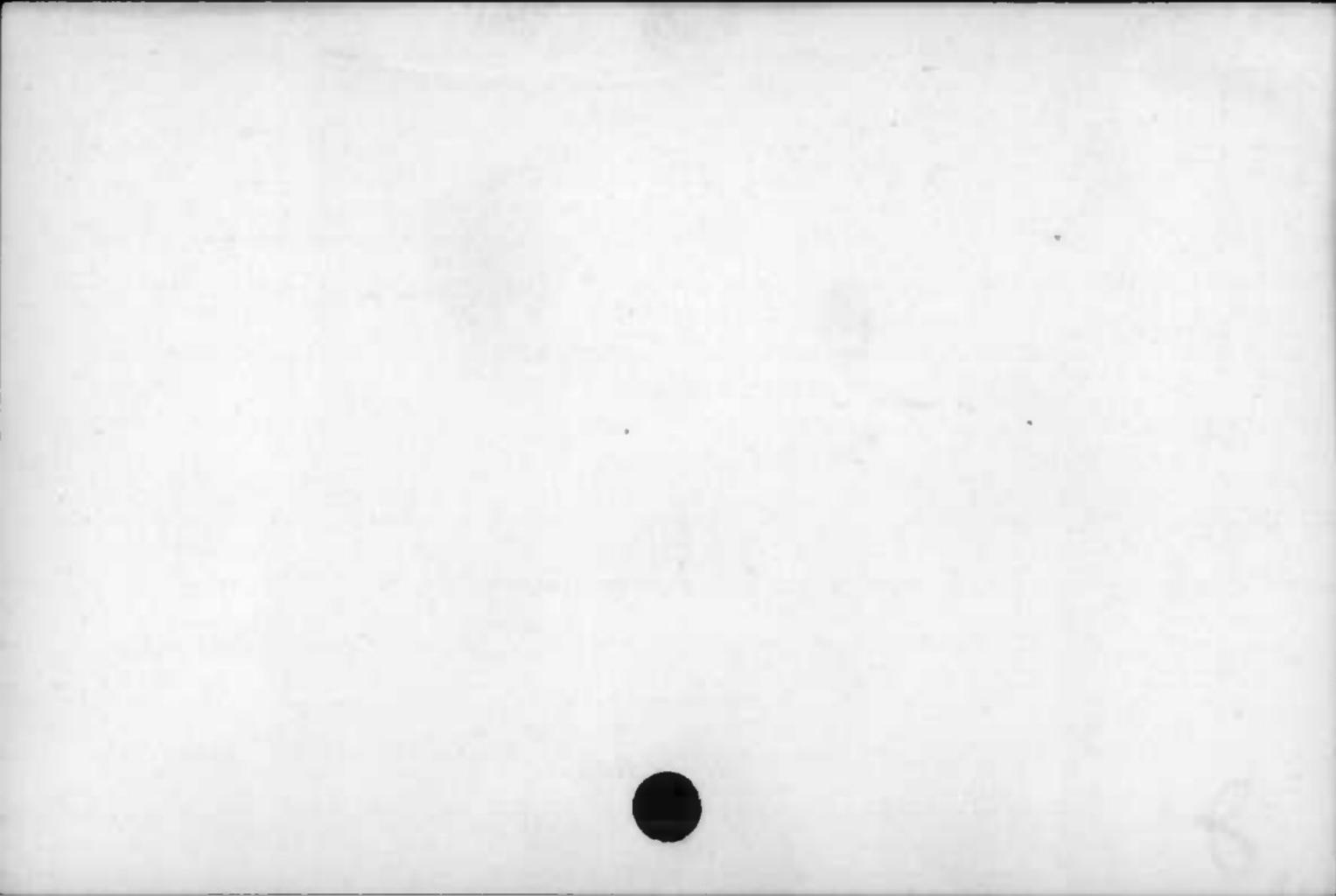
B. W. Boland

Address

Cambridge Ma

J

Accident or Suicide?



Name
in
Full

Mrs Esther Joda

CERTIFICATE OF DEATH

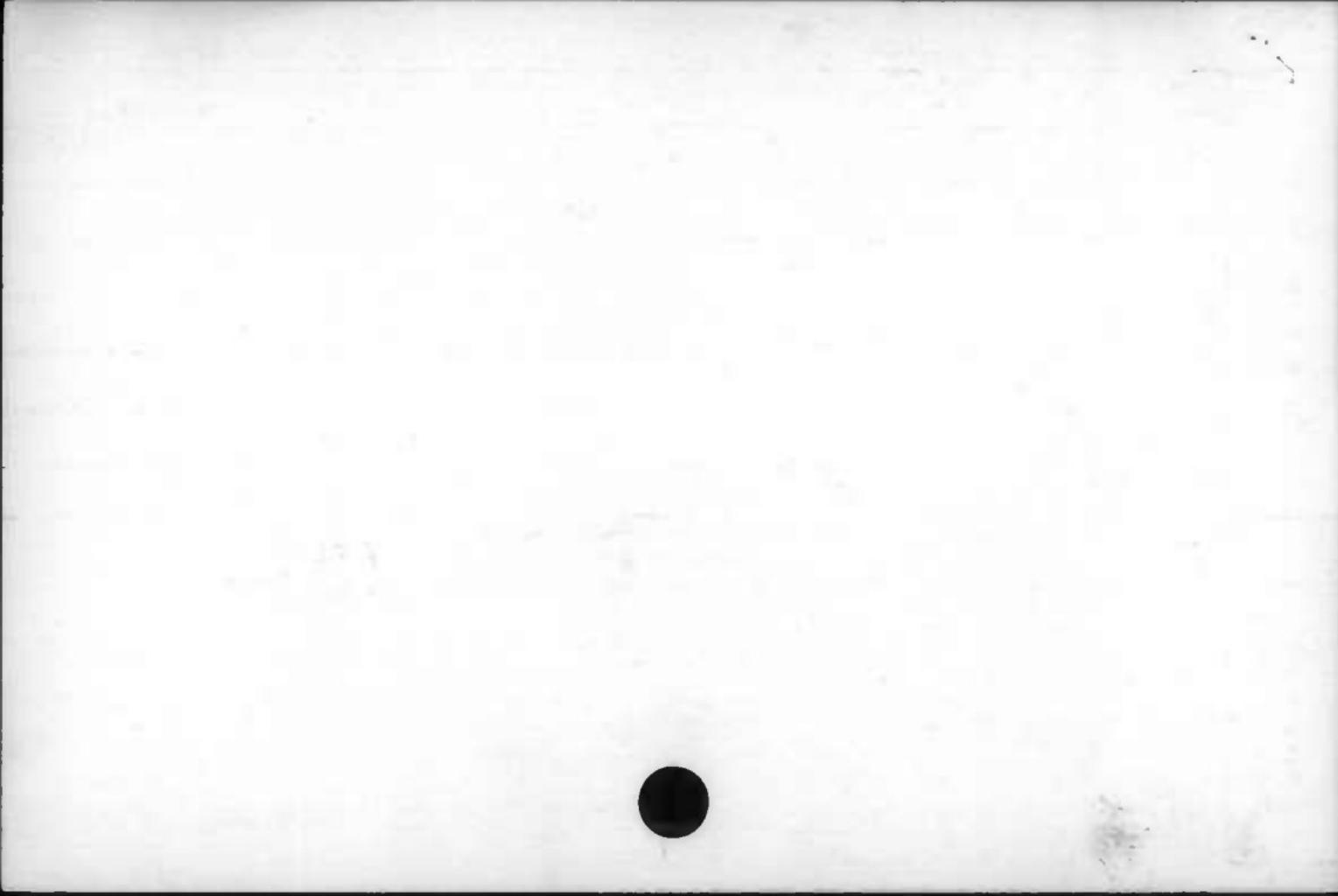
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Cambridge</i>	County <i>Dorchester</i>	MARYLAND	
Date of death	Month <i>Nov</i>	Day <i>16</i>	Years <i>30</i>	Months Days
Sex	Female	Color or Race <i>White</i>	Birth-place <i>Carolin Co Md</i>	
Occupation	<i>Housewife</i>	Where Residing if not at place of death <i>Unknown</i>	<i>Federalburg Md</i>	
Married, Single or Widowed		Name of Wife or Husband	Father's Birthplace <i>Unknown</i>	
Father's Name	<i>Unknown</i>		Mother's Birthplace <i>Unknown</i>	
Mother's Maiden Name	<i>Unknown</i>			
Name of person giving Information	<i>Ella Hendrik</i>		How related to deceased <i>Brother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid fever</i>	1 How long <i>3 weeks</i>
Immediate	<i>Meningitis</i>	2 How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>B.M.Goldenberg</i>
		Address <i>Cambridge Md</i>
Accident or Suicide		



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Commodore</u>		County <u>Maryland</u>		MARYLAND			
Date of death <u>1908</u>	Month <u>Sept</u>	Day <u>1</u>	Age <u>68</u>	Years <u>68</u>	Months <u>-</u>	Days <u>-</u>	
Sex <u>Male</u>	Color or Race <u>white</u>			Birth-place <u>Md</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Fanner</u>						
Name of Wife or Husband <u>Maggie Webster</u>							
Father's Name <u>John Webster</u>	Father's Birthplace <u>Md</u>						
Mother's Maiden Name <u>Suey - dark hair</u>	Mother's Birthplace <u>Md</u>						
Name of person giving Information <u>Alvin Clark</u>	How related to deceased <u>none</u>						

CAUSES OF DEATH

120

PHYSICIAN
OR CORONERPrimary Bright

How long

about 8 monthsImmediate Urinary

How long

short while

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John Webster
CommodoreAccident or Suicide? No



Name
in
Full

Isaac J. Whittington

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

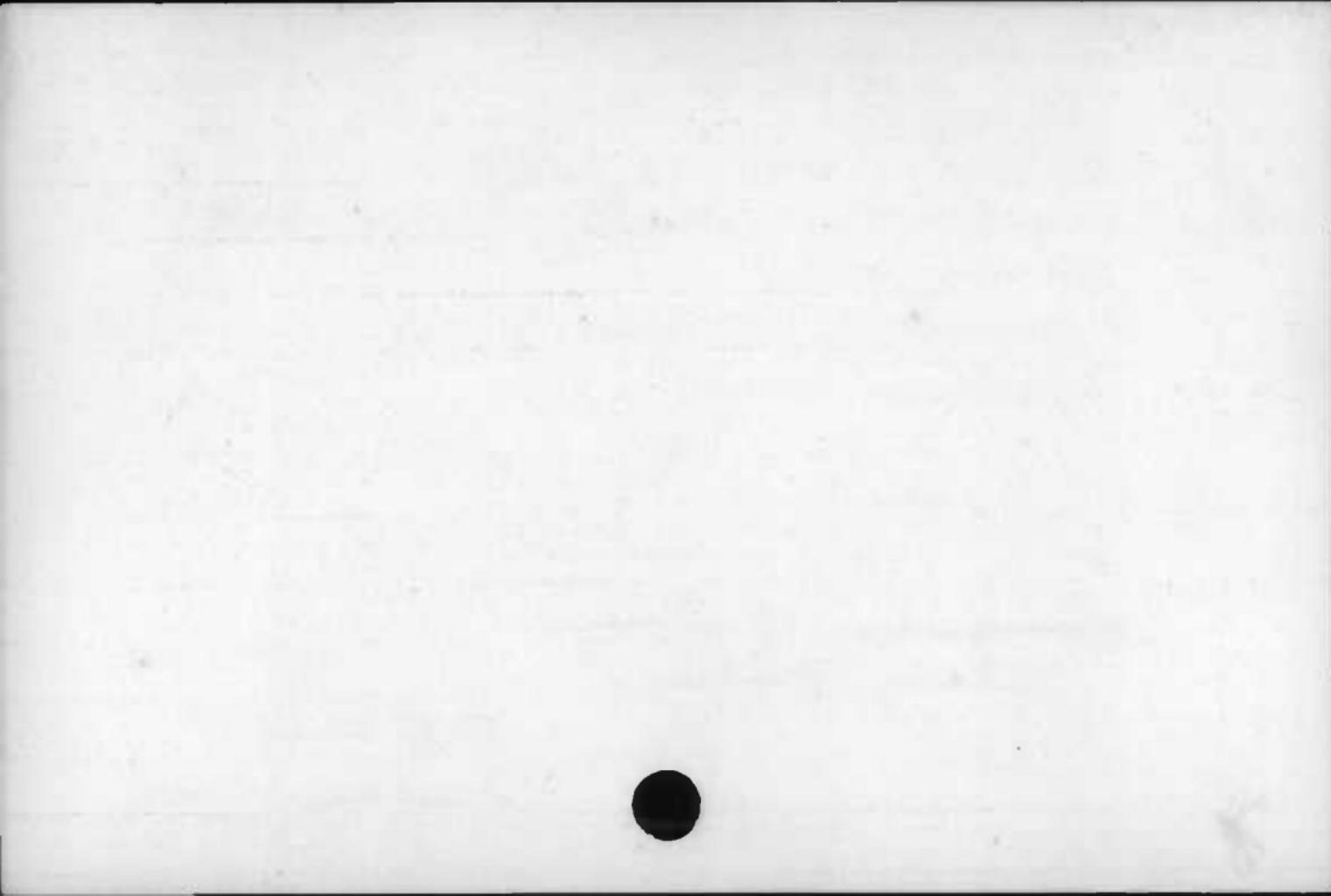
Died at		Town	County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Male	Color or Race	Colored	Birth-place	Somerset Co.	
Occupation	Laborer			Where Residing if not at place of death	~~~	
Married, Single or Widowed	Single	Name of Wife or Husband	~~~~~	Father's Name	Unknown	
Mother's Maiden Name	Amelia Sterling			Mother's Birthplace	Dorchester Co	
Name of person giving Information	Mary Whittington			How related to deceased	No	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Stroke Florida		How long
Immediate	Cardiac Failure		3 mos
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Sexton J Reynolds M.D.
		Address	Cambridge Md
Accident or Suicide?			



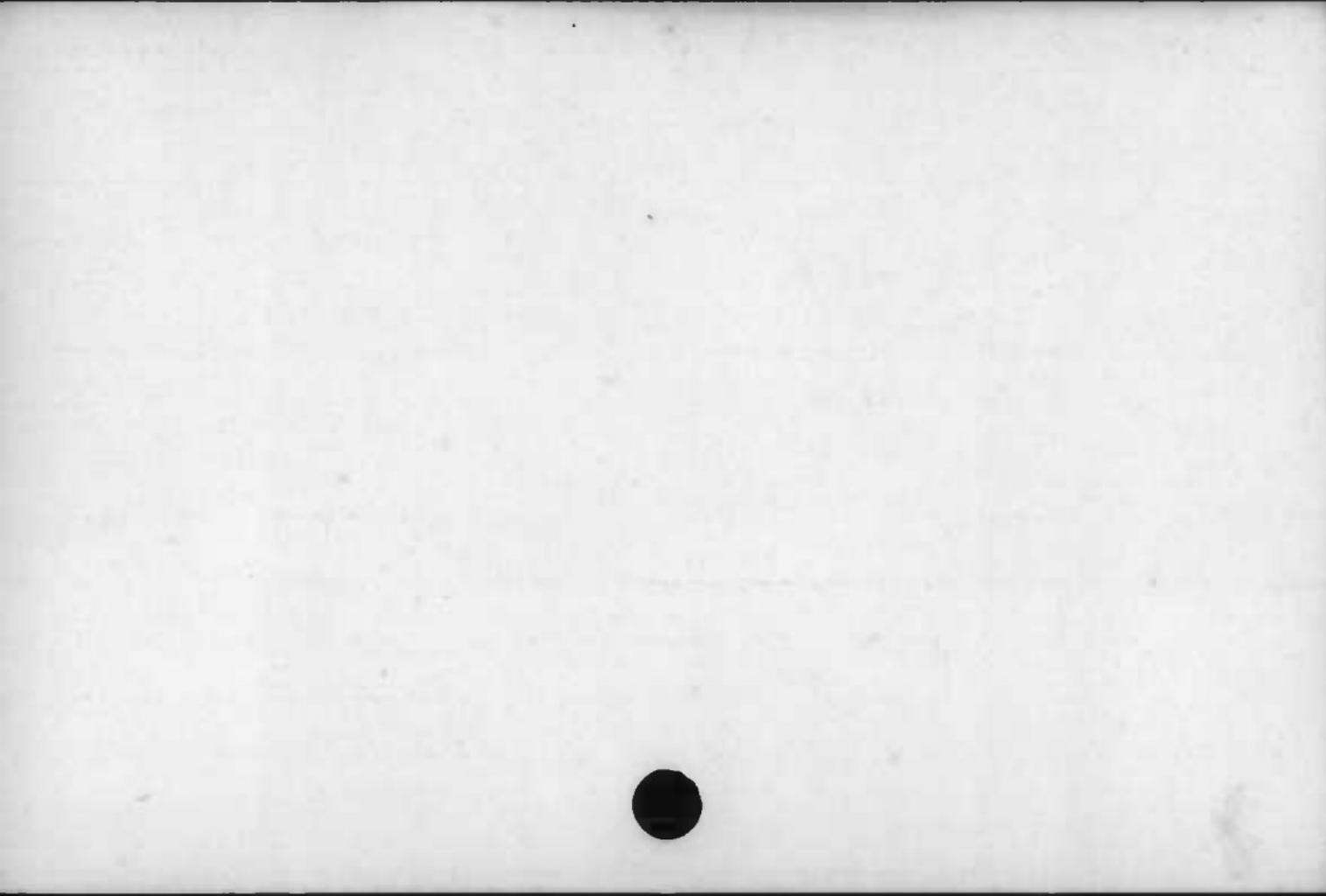
Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at <u>Drawbridge</u>		County <u>Darkester</u>		MARYLAND		
Date of death <u>1908 Nov 1st</u>	Month	Day	Age <u>56</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>Md.</u>		
Occupation <u>House wife</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>John Wille</u>			Father's Birthplace <u>Md.</u>		
Father's Name <u>William Hurley</u>			Mother's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>unknown</u>			Name of person giving Information <u>John Wille</u>	How related to deceased <u>Husband</u>		
CAUSES OF DEATH						
Primary	<u>Congestain of Lungs</u>			How long <u>95</u>		
Immediate	<u>Heart Failure</u>			How long <u>7 days</u>		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <u>S. H. Black</u>			
			Address <u>Vienna Md.</u>			
Accident or Suicide?						



Name
in
Full

Roy R. Wrotnie

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Salemille</u> Town		<u>Dorchester</u> , County		MARYLAND	
Date of death <u>1908</u>	Month <u>Nov</u>	Day <u>10</u>	Age <u>2</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>male.</u>	Color or Race <u>white</u>			Birth-place <u>Maryland,</u>	
Occupation <u>None</u>	Where Residing is not at place of death				<u>—</u>
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Charles J. Wrotnie</u>			Father's Birthplace <u>Dorchester Co.</u>		
Mother's Maiden Name <u>Jane Adams</u>			Mother's Birthplace <u>Dor. Co. Md.</u>		
Name of person giving Information <u>Char J. Wrotnie</u>			How related to deceased <u>Father</u>		
CAUSES OF DEATH					
Primary <u>E. Coli</u>			<u>106</u> How long <u>20 days</u>		
Immediate <u>—</u>			How long <u>—</u>		

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

P. Shandley

Address

Wingate Md.

Accident or Suicide?

